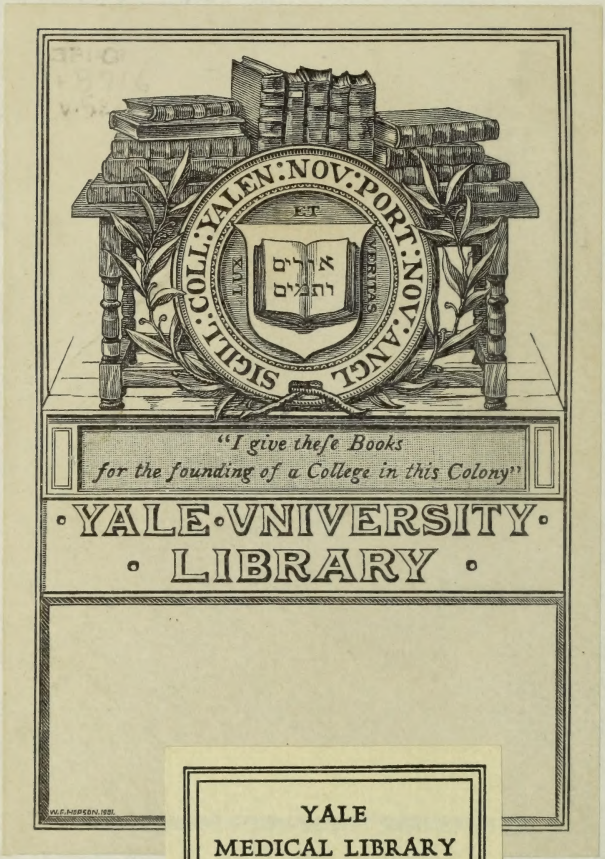


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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1564.] Thursday, Feb. 4, 1858. [Vol. LVIII. No. 1.

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A NEW AND VALUABLE WORK FOR PHYSICIANS.

THE PHYSICIAN'S HAND-BOOK OF PRACTICE,

AND MEMORANDA FOR 1858.

BY WILLIAM ELMER, M.D. AND LEVI REUBEN, M.D.

THIS work is entirely new in its plan and idea, being unlike any other ever published. It is designed to supply a great *desideratum*, which has always existed in the practice of Medicine, viz., the want of a convenient *Pocket Manual*, which may serve to *refresh the memory of the Physician* not only in cases of *emergency*, but also where the diagnosis of a disease is difficult, or the *symptoms* or *complications* are obscure, or where proper remedies do not at the moment occur to the mind. Accordingly the book contains:—

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D & C Hooker

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Whole No. 1565.] Thursday, Feb. 11, 1858. [Vol. LVIII. No. 2.

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To Dr. Wm. Elmer, *New York, January 18th*, 1858.

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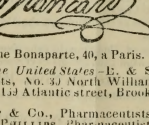
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N. C. Hooker

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May 14.

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They may be used exclusively, and in any quantity, as an article of diet, or in addition to the ordinary meal; thereby rendering digestion better, and allowing more tonic and abundant food being taken, while at the same time they render the stomach better able to bear such active remedies as were not tolerated before.

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ESSAY ON MEDICAL DELUSIONS.—"An Essay on some of the Principles of Medical Delusion." By J. H. Nutting, M.D., Stafford Spa, Ct. Reprinted, in a pamphlet of 36 octavo pages, from the Boston Medical and Surgical Journal, and for sale at this office. Single copies, 10 cents; three copies for 25 cents; seven copies for 50 cents; and sixteen copies for 1. Orders by mail promptly attended to. Aug. 31

Dr G Hooker

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1567.] Thursday, Feb. 25, 1858. [Vol. LVIII. No. 4.

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AND MEMORANDA FOR 1858.

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OPINIONS OF DISTINGUISHED PROFESSORS IN THE MEDICAL COLLEGES OF THE CITY OF NEW YORK.

VALENTINE MOTT, M.D., *Emeritus* Professor of Surgery, in the New York University, says of this book, that "he regards it as a very valuable work for physicians, and the best thing of the kind he has seen."

To DR. WM. ELMER, *New York, January 18th*, 1858.

My Dear Sir:—I have examined your "Physician's Hand-Book of Practice, &c.," and find it more adapted to the purpose than any I have met with.

Besides containing much condensed information useful to the young practitioner, the provision for a "Register of Important Cases" renders it alike valuable to all. Respectfully,

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WILLARD PARKER, M D.,
Professor of Surgery in the N. Y. College of Physicians and Surgeons.

New York, January 20th, 1858.

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Dec. 10

☞ The above work may be obtained in Boston at the Office of this Journal.

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The next annual Course of Lectures will commence on Thursday, February 27th, 1858, and continue sixteen weeks.

Fees.—Matriculation, $3. Dean's Certificate, (entitling the holder to the Tickets)of each Professor), $60.00. Graduation, $18 00.

Students who have attended two full courses in other regular Medical Institutions, will be admitted upon payment of the Matriculation fee and a fee of $10. Graduates of this and other regular Medical Schools are invited to attend the Lectures free of charge.

S. W. THAYER, Jr., M.D., *Burlington, Vt.*
Dean of the Faculty.

Dec. 17—ept Feb. 28.

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"I would add that I have already prescribed, with advantage, the pills prepared according to the formula of M Blancard, and that the end of the perfect preservation of the iodide of iron is completely attained. This excellent medicine will be more frequently prescribed in future than it has been."—BOUCHARDAT, *Annuaire de Therapeutique pour l' Annee* 1851, p. 199.

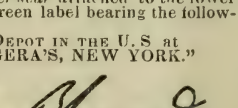
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June 11, 1857.—1y

DR. CHANNING has removed to No. 45 Bowdoin street, nearly opposite Allston street.
May 17—eowtf

DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—tf

---

DR. HENRY W. WILLIAMS,
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Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

DR. C. A. ROBERTSON has removed to No. 14 West street.
Exclusive attention to Diseases of the Eye and Ear. Oct. 30—tf

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Boston, Oct. 6, 1852. tf

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May 29—eowtf *City Physician.*

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420 Washington St., opp. Essex St., Boston.
N. 19—6m

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All the pills of the U. S. Pharmacopœia.
All preparations of Iron, Quinine, Santonine, &c.
All the combinations of Copaiba, Cubebs, &c.
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Oct. 22—1yr* 127 *Duane st., New York.*

BURNETT'S PURE COD-LIVER OIL.—*Carefully Prepared only from Fresh and Healthy Livers*, by THEODORE METCALF & Co, Apothecaries, 39 Tremont Street, Boston, Mass., sole proprietors.

From Pereira's Materia Medica, Vol. II., Part II., page 2243.

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MEDICINAL FLUID EXTRACTS.—The undersigned continue to manufacture this class of Extracts in vacuo. Since commencing their sale, we have very much improved their quality, owing to continued efforts to perfect our apparatus and methods of manipulating.

We are grateful for the favor which has been shown to our preparations, and are determined that every article bearing our label, shall give entire satisfaction. HENRY THAYER, M.D. & CO.
Cambridgeport, Nov. 22, 1855. tf

J. C. Hooker

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Whole No. 1563.] Thursday, March 4, 1858. [Vol. LVIII. No. 5.

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Dec. 10

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DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.
Dec. 24, 1857.

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Dec. 24—3m

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Pamphlets, giving full information, sent *gratis* to every applicant.

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Address PALMER & CO., 378 Broadway, New York, and 19 Green st., Boston. May 7—tf

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Boarding, from $2,50 to $3,00 per week.

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Albany, Jan. 1, 1856. mch6—tf

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May 14.

DR. WARREN'S CARBONIZED BISCUITS *for all Diseases of the Digestive Organs*—dyspepsia in all its various forms, attended with fetid breath, foul tongue, putrid eructations, ill-tasted mouth, pyrosis or water-brash, flatulent distension of the bowels, sick headache, chronic vomiting, ulcers in the mouth and stomach, costiveness, gastralgia or pain in the stomach and side, heart-burn and diseases of the skin, from morbid accumulations in the alimentary canal.

They may be used exclusively, and in any quantity, as an article of diet, or in addition to the ordinary meal; thereby rendering digestion better, and allowing more tonic and abundant food being taken, while at the same time they render the stomach better able to bear such active remedies as were not tolerated before.

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CARTER, COLCORD & PRESTON, Hanover, corner of Portland street, Boston, General Agents. Price, $1.00 per box. April 23—tf

ESSAY ON MEDICAL DELUSIONS.—"An Essay on some of the Principles of Medical Delusion." By J. H. Nutting, M.D., Stafford Spa, Ct. Reprinted, in a pamphlet of 36 octavo pages, from the Boston Medical and Surgical Journal, and for sale at this office. Single copies, 10 cents; three copies for 25 cents; seven copies for 50 cents; and sixteen copies for 1. Orders by mail promptly attended to. Aug. 31

D. C. Hooker

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1569.] Thursday, March 11, 1858. [Vol. LVIII. No. 6.

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Dec. 10

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Fees, Payable in Advance.—Matriculation (payable once), $8. Tickets for the whole Course, $32. Graduation, $20. Demonstrator's ticket, $3. Anatomical material, $5.

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Dean of the Faculty.
Geneva, Feb. 15, 1858. 1 25—eptap

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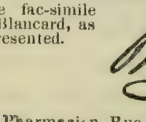
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June 11, 1857.—1y

DR. CHANNING has removed to No. 45 Bowdoin street, nearly opposite Allston street.
May 17—eowtf

DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—tf

DR. HENRY W. WILLIAMS,
33 *Essex Street, Boston.*
Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 8 Otis Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period. HENRY I. BOWDITCH.
Boston, Oct. 6, 1852. tf

TO MEDICAL STUDENTS.—A small stock of Surgical Instruments will be closed off, at reduced prices, by the subscribers, who are relinquishing this branch of their business. The whole *must be sold* at any sacrifice, during the next thirty days, *for cash.*
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425 Washington St., opp. Essex St., Boston.
N. 19—6m

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THE PHILOSOPHY OF MEDICAL SCIENCE, Dr. Leigh's Review of Prof. Elisha Bartlett's "Essay on the Philosophy of Medical Science," which appeared in different numbers of this Journal, has been published in a pamphlet form, and is for sale at the Medical Journal office. Price 12 cts.

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Dec. 10

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J. HOMANS, M.D., *Consulting Physician.*
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They may be used exclusively, and in any quantity, as an article of diet, or in addition to the ordinary meal; thereby rendering digestion better, and allowing more tonic and abundant food being taken, while at the same time they render the stomach better able to bear such active remedies as were not tolerated before.

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PRICE.—Size for Thirty Patients, $1 25—Size for Sixty Patients, $1 50. A few copies, with less space for the "Register of Important Cases," $1 00.

Published by STRINGER & TOWNSEND, No. 222 Broadway, New York, and for sale by booksellers generally.

*** The book, ordered of the Authors, No. 68 West 26th street, New York, will be sent to any part of the country, *postage free*, on the reception of the price in current money or postage stamps.

Dec. 10

☞ The above work may be obtained in Boston at the Office of this Journal.

GENEVA MEDICAL COLLEGE.—There are two full Courses of Lectures at this Institution annually. The next Course will commence on the first of April; and the second Course on the first of October, 1858; each continuing sixteen weeks.

Faculty.

JOHN TOWLER, M.D., Chemistry and Pharmacy.
FREDERICK HYDE, M.D., Principles and Practice of Surgery.
GEORGE BURR, M.D., Obstetrics, Diseases of Women and Children, and Medical Jurisprudence.
CALEB GREEN, M.D., Materia Medica and General Pathology.
JAMES H. JEROME, M.D., Anatomy and Physiology.
ALFRED BOLTER, M.D., Institutes and Practice of Medicine.
ELIAS DE LONG CONE, M.D., Demonstrator of Anatomy, and Lecturer on Comparative Anatomy.

Fees, Payable in Advance.—Matriculation (payable once), $8. Tickets for the whole Course, $32. Graduation, $20. Demonstrator's ticket, $3. Anatomical material, $5.

A permanent General Ticket may be obtained, entitling the person whose name is inscribed thereon to all the privileges of the Institution during two or any number of Courses, and finally to Graduation, for the sum of $100, if paid in advance.

Degrees are conferred at the close of each Course.

A Circular of the Institution, containing a list of all the Graduates (numbering 455) from its commencement, and any other information, may be obtained by applying to

J. TOWLER,
Dean of the Faculty.

Geneva, Feb. 15, 1858. f25—eptap

BLANCARD'S PILLS OF UNCHANGEABLE IODIDE OF IRON—(*The only Formula adopted by the French Academy of Medicine.*) *Authorized by the Medical Board of St. Petersburg.* Honorable mentions at the universal exhibitions in the cities of New York, 1853, and Paris, 1855.

"I would add that I have already prescribed, with advantage, the pills prepared according to the formula of M. Blancard, and that the end of the perfect preservation of the iodide of iron is completely attained. This excellent medicine will be more frequently prescribed in future than it has been."—BOUCHARDAT, *Annuaire de Therapeutique pour l' Annee* 1851, p. 199.

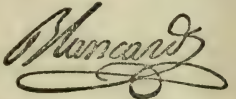
Every physician, every work of medicine, regards the iodide of iron as an excellent preparation, which unites the properties of both iodine and iron. It is especially useful in chlorotic, strumous and tuberculous affections, in leucorrhœa, amenorrhœa, &c.; it strengthens lymphatic and debilitated systems.

Each pill contains one grain of iodide of iron, and is covered with one-fifth of a grain of minutely-pulverized iron, and the whole coated with a layer of balsam of tolu. Dose, 2 to 4 pills a day.

N. B.—Iodide of iron, which is impure, or which has undergone a change, is an uncertain, and sometimes a dangerous remedy, in consequence of the presence of free iodine; the physician can always assure himself of the purity of Blancard's Pills, by means of the *seal of reactive silver* which accompanies them. None are genuine which have not this *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

"GENERAL DEPOT IN THE U. S at
E. & S. FOUGERA'S, NEW YORK."

and the fac-simile of Mr. Blancard, as here presented.



Pharmacien, Rue Bonaparte, 40, a Paris.

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Agents.—T. METCALF & CO., Pharmaceutists, Boston, Mass.; W. F. PHILLIPS, Pharmaceutist, Portland, Me.; LAIDLEY & ROBINSON, Pharmaceutists, Richmond, Va.; ANDREWS & THOMPSON, Pharmaceutists, Baltimore, Md.

June 11, 1857.—1y

DR. CHANNING has removed to No. 45 Bowdoin street, nearly opposite Allston street.
May 17—eowtf

DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—tf

DR. HENRY W. WILLIAMS,
33 *Essex Street, Boston.*
Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 8 Otis Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period. HENRY I. BOWDITCH.
Boston, Oct. 6, 1852. tf

FRANK H. STORER, Analytical and Consulting Chemist, No. 4 Howard Street, Boston.
Oct. 22—tf.

PURE BOURBON WHISKEY—Selected expressly for medicinal purposes, and warranted strictly pure. The beneficial effect resulting from the use of a *genuine article*, has induced the proprietors to make arrangements to receive it direct, so that there is no possibility of its being other than *it ought to be*. Sold by the bottle at 75 cents, or any larger quantity, by JOHN I. BROWN & SON,
429 Washington St., opp. Essex St., Boston.
N. 19—6m

PHARMACEUTICAL GRANULES AND DRAGÉES (*Sugar coated Pills*)—of GARNIER, LAMOURIEUX & CO., members of the College of Pharmacy, Paris.

All the pills of the U. S. Pharmacopœia.
All preparations of Iron, Quinine, Santonine, &c.
All the combinations of Copaiba, Cubebs, &c.
All the alkaloids in granules of 1-5 to 1-50 of a gr.

These pills are all covered with a coating of sugar, and present great advantages in the quadruple point of view, of the exactness of the weight of the medicine, of its perfect preservation, its convenient and agreeable administration, and above all, its sensibly increased therapeutic action in the form of Dragees. Agent for the United States,

F. A. REICHARD,
Oct. 22—1yr* 127 *Duane st., New York.*

SANTONIN DRAGEES—(*Worm Sugar Plums.*) Santonin has proved, by the experience of Physicians, to be one of the most certain vermifuges ever known, particularly well adapted to children, being nearly tasteless and requiring but a small quantity; made up in the dragee form of 1-2 grain each, the dose is rendered precise as well as pleasant. For sale by

I. BARTLETT PATTEN, *Druggist,*
Cor. of Harrison Avenue and Beach st.
March 11—tf

PURE METALLIC IRON—or, *Iron reduced by Hydrogen*—in its natural state, and also combined with Chocolate, imported directly from the manufacturer in Paris, for sale by

I. BARTLETT PATTEN, *Druggist,*
Cor. of Harrison Avenue and Beach st.
Oct. 29—1yr

IMPROVED SPERMATORRHŒA RINGS—of pure silver, for preventing and curing nocturnal emissions. Price $3—to physicians, $2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass.
March 19.

SYNOPTICAL VIEW OF DISEASES OF THE SKIN.—Dr. Duchesne Duparc's Chart of Diseases of the Skin. A complete concordance from the classifications and nomenclatures adopted by PLENCK, ALIBERT, WILLAN, RAYER, CAZENAVE, GIBERT and the Author; showing at one view the etymology, morbid character, apparent and anatomic seat, causes, progress, duration and treatment of the principal cutaneous diseases. Translated from the French, by ADINO B. HALL, M.D., Boston. May be obtained at this office, or forwarded by mail free of postage: Price 50 cents. Feb. 21

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1572.] Thursday, April 1, 1858. [Vol. LVIII. No. 9.

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A SECOND EDITION OF

THE PHYSICIAN'S HAND-BOOK OF PRACTICE.

AND MEMORANDA FOR 1858.

By WILLIAM ELMER, M.D. AND LEVI REUBEN, M.D.

OPINIONS OF DISTINGUISHED PROFESSORS IN THE MEDICAL COLLEGES OF THE CITY OF NEW YORK.

VALENTINE MOTT, M.D., *Emeritus* Professor of Surgery, in the New York University, says of this book, that "he regards it as a very valuable work for physicians, and the best thing of the kind he has seen."

To DR. WM. ELMER, *New York, January 18th*, 1858.

My Dear Sir:—I have examined your "Physician's Hand-Book of Practice, &c.," and find it more adapted to the purpose than any I have met with.

Besides containing much condensed information useful to the young practitioner, the provision for a "Register of Important Cases" renders it alike valuable to all. Respectfully,

E. H. DAVIS, M.D., Prof. of Materia Medica in the New York Medical College.

New York, January 19th, 1858.

I have examined the "Physician's Hand-Book of Practice and Memoranda for 1858. It certainly contains more of that kind of information an every day practitioner requires, than anything of the kind with which I am acquainted. I will call the attention to the arrangement for the Record of Important Cases. Every man requires something of the kind.

WILLARD PARKER, M.D.,
Professor of Surgery in the N. Y. College of Physicians and Surgeons.

New York, January 20th, 1858.

I have examined the "Physician's Hand-Book of Practice," and find it very convenient as a diary, and as furnishing room for short records of important cases occurring in daily practice. It deserves an extensive sale.

JOHN T. METCALFE, M.D.,
Prof. of Institutes and Practice of Medicine, in the University Medical College.

HORACE GREEN, M.D., Prof. of Theory and Practice of Medicine, in the New York Medical College, "regards this as decidedly preferable to any thing of the kind that he has ever seen."

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*** The book, ordered of the Authors, No. 68 West 26th street, New York, will be sent to any part of the country, *postage free*, on the reception of the price in current money or postage stamps.

Dec. 10

☞ The above work may be obtained in Boston at the Office of this Journal.

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.
Dec. 24, 1857.

DR. N. THURSTON'S office, at Armory Hall, No. 9, Second Floor, corner of Montgomery and Sacramento sts., San Francisco, Cal.
Feb. 21.

HOME FOR INVALIDS.--*Dr. E. E. DENNISTON*, Northampton, Mass., would respectfully invite public attention to his establishment for the relief and cure of chronic diseases, which, during an existence of 8 years, has attained unequivocal success. It has been his effort, while making his house a "Home" for those who are under his care, to use, in their behalf, a knowledge which an experience of 30 years has enabled him to acquire. Among these, a strict appliance of those hygienic laws, commonly called "Water-Cure," stands prominently forward; long experience and observation having convinced him that, while much may be done, by active interference, to save life in the acute stages of disease, a judicious management of the vital powers can alone be successful in that large class of prevailing chronic ailments.

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The establishment is situated within a mile and a half of the Railroad depot in Northampton. The grounds contain about forty acres; the house is large and commodious, and is fitted up for the accommodation of forty patients. Terms, ten dollars per week for board and professional attendance for one patient occupying a single room. The cost of double rooms varies in proportion to their size.

The following card from the leading professional gentlemen of Boston, is offered as a testimonial of their confidence in the course of treatment pursued by Dr. Denniston.

"We are induced to recommend Dr. Denniston's establishment for the treatment of chronic diseases of various kinds, from a knowledge of the principles upon which he proposes to conduct it. We believe it to contain all the advantages of similar establishments, and have confidence in the skill and judgment, experience and prudence of Dr. D. to direct the application of the various remedial treatment according to the exigencies of the individual case.

J. C. Warren, M.D. John Ware, M.D.
George Hayward, M.D. John M. Warren, M.D.
Edward Reynolds, M.D. M. S. Perry, M.D.
Jacob Bigelow, M.D. John Homans, M.D."

Persons desiring further information will please address DR. EDWARD E. DENNISTON,
May 6--1y *Northampton, Mass.*

PALMER'S PATENT LEG.—*Removal of the Springfield Establishment to Boston.*—This American Invention stands unrivalled, both in this country and in Europe. It is worn with astonishing success by more than 2000 persons. In competition with thirty other substitutes, of the best French, English and German manufacture, it received the award of the "*Great Medal*" of the World's Exhibition in London, as *the best artificial limb known*. In this country it has been thirty-five times exhibited, in competition with all others, at the annual Fairs in the principal cities, and has, in *every* instance, received the award of the *highest* or *first premium*. And as a crowning honor, by the *unanimous* approval of an international council, the "First Premium"--only *Silver Medal* given for limbs—was awarded the inventor, at the *New York Crystal Palace*.

Pamphlets, giving full information, sent *gratis* to every applicant.

General Office and Manufactory for the New England States and *British Provinces*, 19 *Green st., Boston, Mass.*

Address PALMER & CO., 378 Broadway, New York, and 19 Green st., Boston. May 7—tf

RADICAL CURE OF HERNIA.—DR. HEATON continues to cure Hernia or Rupture in all its forms, by his safe, effectual, and comparatively painless mode of operation. He also attends to female complaints—to the treatment and cure of Varicocele, Hydrocele, Hemorrhoids, &c. &c.

Patients from the country received as heretofore, at 72 Lincoln street. Consultations from 8 to 10 A.M., and from 3 to 4 P.M., daily, at his residence No. 2 Exeter Place, Boston. May 3—eoptf

ALBANY MEDICAL COLLEGE.—Two full Courses of Lectures are delivered annually, continuing, each, *sixteen weeks*. Degrees are conferred at the close of each term. Fees for a single Course, $50; for both Courses (payable in advance), $100. Graduation fee, $20.

The Fall Course commences on the *first* Tuesday of September. The Spring Course commences on the *third* Tuesday of February, in each year.

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Boarding, from $2,50 to $3,00 per week.

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AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.
HOWARD TOWNSEND, M.D., Prof. of Materia Medica.
EZRA S. CARR, M.D., Prof. of Chemistry and Pharmacy.
JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics. J. V. P. QUACKENBUSH, *Reg'r.*
Albany, Jan. 1, 1856. mch 6—tf

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BENJAMIN F. STEVENS, *Sec'y.*
J. HOMANS, M.D., *Consulting Physician.*
May 14.

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They may be used exclusively, and in any quantity, as an article of diet, or in addition to the ordinary meal; thereby rendering digestion better, and allowing more tonic and abundant food being taken, while at the same time they render the stomach better able to bear such active remedies as were not tolerated before.

Made into a Poultice, by beating them up with a small quantity of water, they will be found equally convenient and efficient, as an external application to gangrene and fetid ulcerations, &c.

Prepared by CHARLES WARREN, M.D., Exeter, N. H., sole proprietor. For sale by druggists generally.

CARTER, COLCORD & PRESTON, Hanover, corner of Portland street, Boston, General Agents. Price, $1.00 per box. April 23—tf

IMPROVED SPERMATORRHŒA RINGS—of pure silver, for preventing and curing nocturnal emissions. Price $3—to physicians, $2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass.
March 19.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1573.] Thursday, April 8, 1858. [Vol. LVIII. No. 10.

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A CARD.—Public attention having been called to the danger arising from the incomplete combustion of coal gas, I have deemed it proper—although a personal matter—to state that in perfecting my inventions for burning gas, the greatest difficulty to be overcome was this incomplete combustion, noticeable in the foreign stoves then in use. It was only by availing myself of the peculiar action of wire gauze and perforated metal, in the devices adopted, that I was enabled to produce flames of all sizes with perfect combustion of mixed gases and air; nor could this object be attained without bringing fine jets of air through surrounding perforated metal, in contact with the burning mixture of gases, after they had passed one diaphragm of gauze—the principle of my invention.

Before my gas stoves were offered to the public, they were placed in the hands of scientific persons, practically engaged in consuming gas under all conditions daily, and the confidence which their favorable opinions inspired has not for a moment been diminished by experience. One of these experts predicted that serious accidents would arise from the partial combustion of gas, and on seeing a device for evaporating aromatic oils to disguise the odor of noxious vapors produced by a gas stove, he pronounced it a concealed weapon for destruction. The apparatus vended by me should be considered by an appreciating public as entirely distinct from the expedients which from time to time have appeared from several sources, all exhibiting a want of information on points of vital importance in securing safety. Those who are interested in this subject will find a full description in my circular of the means successfully employed by me for preventing the production of carbonic oxide, formic acid, aldehyde, and other noxious vapors.

W. F. SHAW,
174 Washington Street, opposite Bromfield St.

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E. K. SANBORN, M.D., Prof. of Surgery.
WILLIAM C. KITTRIDGE, A.M., Prof. of Medical Jurisprudence.
CORYDON LA FORD, M.D., Prof. of Anatomy.
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Fees.—For each full Course of Lectures, $50. For those who have attended two full Courses at other Medical Colleges, $10. Matriculation, $5. Graduation, $15. Board, including the expenses of room, fuel and lights, can be obtained in respectable house, at from $1,75 to $2,50 per week.

Castleton is accessible from all parts of the country by Railroads.

ADRIAN T. WOODWARD, M.D., *Reg'r.*
Castleton, Vt., June, 1856. j 24—eow

INSTRUMENTS.—A full assortment of Surgical Instruments from the best makers, for sale at the factory prices. Also, *Dissecting Cases*, various styles. THEODORE METCALF & CO.,
Dec. 13. 39 Tremont Street.

DR. HOLMES'S VALEDICTORY ADDRESS.—An Address, delivered to the Medical Graduates of Harvard University, at the Annual Commencement, on Wednesday, March 10th, 1858, by Oliver Wendell Holmes, M.D., Parkman Professor of Anatomy and Physiology. Just published and for sale at this office. Price 15 cts. March 25

BLANCARD'S PILLS OF UNCHANGEABLE IODIDE OF IRON—(*The only Formula adopted by the French Academy of Medicine.) Authorized by the Medical Board of St. Petersburg.* Honorable mentions at the universal exhibitions in the cities of New York, 1853, and Paris, 1855.

"I would add that I have already prescribed, with advantage, the pills prepared according to the formula of M. Blancard, and that the end of the perfect preservation of the iodide of iron is completely attained. This excellent medicine will be more frequently prescribed in future than it has been."—BOUCHARDAT, *Annuaire de Therapeutique pour l' Annee* 1851, p. 199.

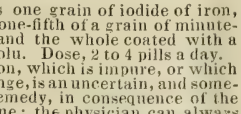
Every physician, every work of medicine, regards the iodide of iron as an excellent preparation, which unites the properties of both iodine and iron. It is especially useful in chlorotic, strumous and tuberculous affections, in leucorrhœa, amenorrhœa, &c.; it strengthens lymphatic and debilitated systems.

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"GENERAL DEPOT IN THE U. S at
E. & S. FOUGERA'S, NEW YORK."

and the fac-simile of Mr. Blancard, as here presented.



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Agents.—T. METCALF & Co., Pharmaceutists, Boston, Mass.; W. F. PHILLIPS, Pharmaceutist, Portland, Me.; LAIDLEY & ROBINSON, Pharmaceutists, Richmond, Va.; ANDREWS & THOMPSON, Pharmaceutists, Baltimore, Md.

June 11, 1857.—1y

ESSAYS ON THE PHYSIOLOGY OF THE NERVOUS SYSTEM,—with an Appendix on Hydrophobia. By Benjamin Haskell, M.D., of Rockport, Mass. These Essays, some of which have appeared in the pages of this Journal at different times, have been revised by the author, and are now, with additional matter, including a paper read before the State Society of Massachusetts at its last annual meeting, published in a neat 8vo. pamphlet of nearly 100 pages.

"They throughout present much, in reference to the subject of which they treat, of an eminently suggestive character, and may perchance offer a clue which, carefully and cautiously followed out, shall lead to a correct theory of the office of the entire nervous system."—*Am. Journal of the Medical Sciences for January*, 1857.

For sale at this office. Price 50 cts.

PHYSICAL SIGNS IN DISEASES OF THE HEART—Dr. O'Brien Bellingham's Chart of the Signs furnished by Auscultation and Percussion in Diseases of the Heart, with Notes by Dr. Usher Parsons, of Providence, R. I., may be obtained at this office. Price 25 cts. Mounted and varnished, $1.00. June 25.

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Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

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Boston, Oct. 6, 1852. tf

FRANK H. STORER, Analytical and Consulting Chemist, No. 4 Howard Street, Boston.
Oct. 22—tf.

PURE BOURBON WHISKEY—Selected expressly for medicinal purposes, and warranted strictly pure. The beneficial effect resulting from the use of a *genuine article*, has induced the proprietors to make arrangements to receive it direct, so that there is no possibility of its being other than *it ought to be.* Sold by the bottle at 75 cents, or any larger quantity, by JOHN I. BROWN & SON,
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Oct. 22—1yr* 127 *Duane st., New York.*

VACCINE VIRUS.—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. SMITH, Park st, basement of the Park street Church, corner of TREMONT, Boston, enclosing one dollar. Oct 22

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Aug 14.

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ESSAY ON MEDICAL DELUSIONS.—"An Essay on some of the Principles of Medical Delusion." By J. H. Nutting, M.D., Stafford Spa, Ct. Reprinted, in a pamphlet of 36 octavo pages, from the Boston Medical and Surgical Journal, and for sale at this office. Single copies, 10 cents; three copies for 25 cents; seven copies for 50 cents; and sixteen copies for 1. Orders by mail promptly attended to. Aug. 31

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1574.] Thursday, April 15, 1858. [Vol. LVIII. No. 11.

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A CARD.—Public attention having been called to the danger arising from the incomplete combustion of coal gas, I have deemed it proper—although a personal matter—to state that in perfecting my inventions for burning gas, the greatest difficulty to be overcome was this incomplete combustion, noticeable in the foreign stoves then in use. It was only by availing myself of the peculiar action of wire gauze and perforated metal, in the devices adopted, that I was enabled to produce flames of all sizes with perfect combustion of mixed gases and air; nor could this object be attained without bringing fine jets of air through surrounding perforated metal, in contact with the burning mixture of gases, after they had passed one diaphragm of gauze —the principle of my invention.

Before my gas stoves were offered to the public, they were placed in the hands of scientific persons, practically engaged in consuming gas under all conditions daily, and the confidence which their favorable opinions inspired has not for a moment been diminished by experience. One of these experts predicted that serious accidents would arise from the partial combustion of gas, and on seeing a device for evaporating aromatic oils to disguise the odor of noxious vapors produced by a gas stove, he pronounced it a concealed weapon for destruction. The apparatus vended by me should be considered by an appreciating public as entirely distinct from the expedients which from time to time have appeared from several sources, all exhibiting a want of information on points of vital importance in securing safety. Those who are interested in this subject will find a full description in my circular of the means successfully employed by me for preventing the production of carbonic oxide, formic acid, aldehyde, and other noxious vapors.

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Shaw's Gas Stoves have been in use several years. Many of the physicians of Boston have used and still continue to use them in their offices. No accident of any kind has occurred from their use, and they can now be confidently recommended as convenient, economical and safe. mar 25

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DR. HOLMES'S VALEDICTORY ADDRESS.—An Address, delivered to the Medical Graduates of Harvard University, at the Annual Commencement, on Wednesday, March 10th, 1858, by Oliver Wendell Holmes, M.D., Parkman Professor of Anatomy and Physiology. Just published and for sale at this office. Price 15 cts. March 25

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.
Dec. 24, 1857.

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March 19.

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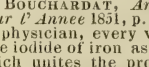
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Oct. 22—1yr* 127 *Duane st., New York.*

VACCINE VIRUS.—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. SMITH, Park st, basement of the Park street Church, corner of Tremont, Boston, enclosing one dollar. Oct 22

PHYSICIAN'S DAILY ACCOUNT BOOK.—A new form of Account Book, prepared expressly for the use of Physicians, comprising in one volume, Day Book, Cash Book and Ledger, is now for sale at this office. To suit the convenience of individuals, three sizes are furnished, at the following prices:—Small size, $2; medium, $3; large, $4.

Orders, with the amount enclosed, may be forwarded by mail to the publisher of this Journal. The book can in most cases be more economically sent by express, and will be promptly forwarded in that way, or as the purchaser may direct.
Aug 14.

PHYSICIAN'S HAND-BOOK OF PRACTICE, AND MEMORANDA for 1858, by Drs. ELMER and REUBEN. Size for thirty patients, $1.25; size for sixty patients, $1,50. For sale at this office, and will be sent by mail, postage free, on the receipt of the price. jan 28

ESSAY ON MEDICAL DELUSIONS.—"An Essay on some of the Principles of Medical Delusion." By J. H. Nutting, M.D., Stafford Spa, Ct. Reprinted, in a pamphlet of 36 octavo pages, from the Boston Medical and Surgical Journal, and for sale at this office. Single copies, 10 cents; three copies for 25 cents; seven copies for 50 cents; and sixteen copies for 1. Orders by mail promptly attended to. Aug. 31

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1575.] Thursday, April 29, 1858. [Vol. LVIII. No. 13.

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A CARD.—Public attention having been called to the danger arising from the incomplete combustion of coal gas, I have deemed it proper—although a personal matter—to state that in perfecting my inventions for burning gas, the greatest difficulty to be overcome was this incomplete combustion, noticeable in the foreign stoves then in use. It was only by availing myself of the peculiar action of wire gauze and perforated metal, in the devices adopted, that I was enabled to produce flames of all sizes with perfect combustion of mixed gases and air; nor could this object be attained without bringing fine jets of air through surrounding perforated metal, in contact with the burning mixture of gases, after they had passed one diaphragm of gauze—the principle of my invention.

Before my gas stoves were offered to the public, they were placed in the hands of scientific persons, practically engaged in consuming gas under all conditions daily, and the confidence which their favorable opinions inspired has not for a moment been diminished by experience. One of these experts predicted that serious accidents would arise from the partial combustion of gas, and on seeing a device for evaporating aromatic oils to disguise the odor of noxious vapors produced by a gas stove, he pronounced it a concealed weapon for destruction. The apparatus vended by me should be considered by an appreciating public as entirely distinct from the expedients which from time to time have appeared from several sources, all exhibiting a want of information on points of vital importance in securing safety. Those who are interested in this subject will find a full description in my circular of the means successfully employed by me for preventing the production of carbonic oxide, formic acid, aldehyde, and other noxious vapors.

W. F. SHAW,
174 Washington Street, opposite Bromfield St.

Shaw's Gas Stoves have been in use several years. Many of the physicians of Boston have used and still continue to use them in their offices. No accident of any kind has occurred from their use, and they can now be confidently recommended as convenient, economical and safe. mar 25

CASTLETON MEDICAL COLLEGE.—There will be *two* full Courses of Lectures annually in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months. Degrees will be conferred at the close of each term.

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ADRIAN T. WOODWARD, M.D., *Reg'r.*
Castleton, Vt., June, 1856. j24—eow

INSTRUMENTS.—A full assortment of Surgical Instruments from the best makers, for sale at the factory prices. Also, *Dissecting Cases*, various styles. THEODORE METCALF & CO.,
Dec. 13. 39 Tremont Street.

DR. HOLMES'S VALEDICTORY ADDRESS.—An Address, delivered to the Medical Graduates of Harvard University, at the Annual Commencement, on Wednesday, March 10th, 1858, by Oliver Wendell Holmes, M.D., Parkman Professor of Anatomy and Physiology. Just published and for sale at this office. Price 15 cts. March 25

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.
Dec. 24, 1857.

DR. N. THURSTON'S office, at Armory Hall, No. 3, Second Floor, corner of Montgomery and Sacramento sts., San Francisco, Cal.
Feb. 21.

HOME FOR INVALIDS.--*Dr. E. E. DENNISTON*, Northampton, Mass., would respectfully invite public attention to his establishment for the relief and cure of chronic diseases, which, during an existence of 8 years, has attained unequivocal success. It has been his effort, while making his house a "Home" for those who are under his care, to use, in their behalf, a knowledge which an experience of 30 years has enabled him to acquire. Among these, a strict appliance of those hygienic laws, commonly called "Water-Cure," stands prominently forward; long experience and observation having convinced him that, while much may be done, by active interference, to save life in the acute stages of disease, a judicious management of the vital powers can alone be successful in that large class of prevailing chronic ailments.

An arrangement has been effected with Professor Vergnes, of New York, by which Dr. D. is enabled to employ the Electro-Chemical Bath in all cases where it may be deemed necessary.

The establishment is situated within a mile and a half of the Railroad depot in Northampton. The grounds contain about forty acres; the house is large and commodious, and is fitted up for the accommodation of forty patients. Terms, ten dollars per week for board and professional attendance for one patient occupying a single room. The cost of double rooms varies in proportion to their size.

The following card from the leading professional gentlemen of Boston, is offered as a testimonial of their confidence in the course of treatment pursued by Dr. Denniston.

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J. C. Warren, M.D. John Ware, M.D.
George Hayward, M.D. John M. Warren, M D.
Edward Reynolds, M.D. M. S. Perry, M D.
Jacob Bigelow, M.D John Homans, M.D."

Persons desiring further information will please address DR. EDWARD E. DENNISTON,
May 8--1y *Northampton, Mass.*

PALMER'S PATENT LEG.—*Removal of the Springfield Establishment to Boston.*—This American invention stands unrivalled, both in this country and in Europe. It is worn with astonishing success by more than 2000 persons. In competition with thirty other substitutes, of the best French, English and German manufacture, it received the award of the "*Great Medal*" of the World's Exhibition in London, as *the best artificial limb known*. In this country it has been thirty-five times exhibited, in competition with all others, at the annual Fairs in the principal cities, and has, in *every* instance, received the award of the *highest* or *first premium*. And as a crowning honor, by the *unanimous* approval of an international council, the "First Premium"--only *Silver Medal* given for limbs—was awarded the inventor, at the *New York Crystal Palace*.

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General Office and Manufactory for the New England States and *British Provinces*, 19 *Green st., Boston, Mass.*

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BOOKS AND PAMPHLETS BY MAIL.—The following works will be forwarded from this office, free of postage, on the receipt of the sums annexed to each:—A Pilgrimage to Palestine, by J. V. C. Smith, M.D., 340 pages 12mo.—price $1. Dr. Coale's Treatise on Uterine Displacements, price 25 cts. Dr. Nutting, on Medical Delusions, price 10 cts. Homœopathy—Its Testimony against itself, 8 copies for 50 cts—10 copies for the same amount, delivered at the office. April 30

TISSUE GUTTA PERCHA—A simple and efficacious remedy for Rheumatism, Gout, Stiff Joints, &c. Sample sent by mail on receipt of fifty cents.

Spongio Piline, an excellent substitute for the common poultice. Its advantages are that it is externally dry and unsoiling, retains its warmth and moisture for a great length of time and is free from unpleasant odor. It may be cleansed in the manner of a common sponge and used many times. Price, $1.00 per square foot.

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(Late B. S. Codman & Co.)
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May 14.

DR. WARREN'S CARBONIZED BISCUITS *for all Diseases of the Digestive Organs*—dyspepsia in all its various forms, attended with fetid breath, foul tongue, putrid eructations, ill-tasted mouth, pyrosis or water-brash, flatulent distension of the bowels, sick headache, chronic vomiting, ulcers in the mouth and stomach, costiveness, gastralgia or pain in the stomach and side, heart-burn and diseases of the skin, from morbid accumulations in the alimentary canal.

They may be used exclusively, and in any quantity, as an article of diet, or in addition to the ordinary meal; thereby rendering digestion better, and allowing more tonic and abundant food being taken, while at the same time they render the stomach better able to bear such active remedies as were not tolerated before.

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CARTER, COLCORD & PRESTON, Hanover, corner of Portland street, Boston, General Agents. Price, $1.00 per box. April 23—tf

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Whole No. 1576.] Thursday, May 6, 1858. [Vol. LVIII. No. 14.

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A CARD.—Public attention having been called to the danger arising from the incomplete combustion of coal gas, I have deemed it proper—although a personal matter—to state that in perfecting my inventions for burning gas, the greatest difficulty to be overcome was this incomplete combustion, noticeable in the foreign stoves then in use. It was only by availing myself of the peculiar action of wire gauze and perforated metal, in the devices adopted, that I was enabled to produce flames of all sizes with perfect combustion of mixed gases and air; nor could this object be attained without bringing fine jets of air through surrounding perforated metal, in contact with the burning mixture of gases, after they had passed one diaphragm of gauze—the principle of my invention.

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ALBANY MEDICAL COLLEGE.—The next term of this Institution will commence on the first Tuesday of September, and continue *sixteen weeks*. Degrees will be conferred at the close of the Session. Fee for the Course, $60. Graduation fee, $20.

Material for dissection are abundant, and furnished to students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Clinicques are held in the College.

Boarding from $2,50 to $3,00 per week.

ALDEN MARCH, M.D., Prof. of Surgery.
JAMES McNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.
JAMES H. AUMSBY, M.D., Prof. of Anatomy.
THOMAS HUN, M.D., Prof. of the Institutes of Medicine.
AMOS DEAN, LL.D., Prof. of Medical Jurisprudence.
HOWARD TOWNSEND, M.D., Prof. of Materia Medica.
CHARLES H. PORTER, M.D., Prof. of Chemistry and Pharmacy.
JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics. J. V. P. QUACKENBUSH, *Reg'r.*
Albany, April 29, 1858. ap 29—tf

DR. GARRATT has removed to 56 Summer st. (near Dr. Dewey's Church), and gives his special attention to the "*Diseases and Derangements of the Nervous System.*"
Boston, March 1, 1858. ap 15—eoptf

IMPROVED SPERMATORRHŒA RINGS—of pure silver, for preventing and curing nocturnal emissions. Price $3—to physicians, $2. They can be sent by mail in a letter. Also, a large assortment of elastic, glass and metal Syringes, Breast Pumps, Nursing Bottles, &c. &c., for physicians' and family use. Sold by J. RUSSELL SPALDING, 27 Tremont street, opposite the Museum, Boston, Mass.
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BLANCARD'S PILLS OF UNCHANGEABLE IODIDE OF IRON—(*The only Formula adopted by the French Academy of Medicine.*) *Authorized by the Medical Board of St. Petersburg.* Honorable mentions at the universal exhibitions in the cities of New York, 1853, and Paris, 1855.

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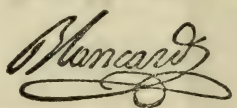
Every physician, every work of medicine, regards the iodide of iron as an excellent preparation, which unites the properties of both iodine and iron. It is especially useful in chlorotic, strumous and tuberculous affections, in leucorrhœa, amenorrhœa, &c.; it strengthens lymphatic and debilitated systems.

Each pill contains one grain of iodide of iron, and is covered with one-fifth of a grain of minutely-pulverized iron, and the whole coated with a layer of balsam of tolu. Dose, 2 to 4 pills a day.

N. B.—Iodide of iron, which is impure, or which has undergone a change, is an uncertain, and sometimes a dangerous remedy, in consequence of the presence of free iodine; the physician can always assure himself of the purity of Blancard's Pills, by means of the *seal of reactive silver* which accompanies them. None are genuine which have not this *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

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E. & S. FOUGERA'S, NEW YORK."

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June 11, 1857.—1y

ESSAYS ON THE PHYSIOLOGY OF THE NERVOUS SYSTEM,—with an Appendix on Hydrophobia. By Benjamin Haskell, M.D., of Rockport, Mass. These Essays, some of which have appeared in the pages of this Journal at different times, have been revised by the author, and are now, with additional matter, including a paper read before the State Society of Massachusetts at its last annual meeting, published in a neat 8vo. pamphlet of nearly 100 pages.

"They throughout present much, in reference to the subject of which they treat, of an eminently suggestive character, and may perchance offer a clue which, carefully and cautiously followed out, shall lead to a correct theory of the office of the entire nervous system."—*Am. Journal of the Medical Sciences for January*, 1857.

For sale at this office. Price 50 cts.

PHYSICAL SIGNS IN DISEASES OF THE HEART—Dr. O'Brien Bellingham's Chart of the Signs furnished by Auscultation and Percussion in Diseases of the Heart, with Notes by Dr. Usher Parsons, of Providence, R I., may be obtained at this office. Price 25 cts. Mounted and varnished, $1.00. June 25.

SYNOPTICAL VIEW OF DISEASES OF THE SKIN.—Dr. Duchesne Duparc's Chart of Diseases of the Skin. A complete concordance from the classifications and nomenclatures adopted by PLENCK, ALIBERT, WILLAN, RAYER, CAZENAVE, GIBERT and the Author; showing at one view the etymology, morbid character, apparent and anatomic seat, causes, progress, duration and treatment of the principal cutaneous diseases. Translated from the French, by ADINO B. HALL, M.D., Boston. May be obtained at this office, or forwarded by mail free of postage: Price 50 cents. Feb. 21

DR. CHANNING has removed to No. 45 Bowdoin street, nearly opposite Allston street. May 17—eowtf

DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3--tf

DR. HENRY W. WILLIAMS,
33 *Essex Street, Boston.*
Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 8 Otis Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period. HENRY I. BOWDITCH.
Boston, Oct. 6, 1852. tf

FRANK H. STORER, Analytical and Consulting Chemist, No. 4 Howard Street, Boston.
Oct. 22—tf.

PURE BOURBON WHISKEY—Selected expressly for medicinal purposes, and warranted strictly pure. The beneficial effect resulting from the use of a *genuine article*, has induced the proprietors to make arrangements to receive it direct, so that there is no possibility of its being other than *it ought to be*. Sold by the bottle at 75 cents, or any larger quantity, by JOHN I. BROWN & SON,
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All the pills of the U. S. Pharmacopœia.
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All the alkaloids in granules of 1-5 to 1-50 of a gr.

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Oct. 22—1yr* 127 *Duane st., New York.*

VACCINE VIRUS.—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. SMITH, Park st, basement of the Park street Church, corner of Tremont, Boston, enclosing one dollar. Oct 22

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George Hayward, M.D. John M. Warren, M.D.
Edward Reynolds, M.D. M. S. Perry, M.D.
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Persons desiring further information will please address DR. EDWARD E. DENNISTON,
May 8—1y *Northampton, Mass.*

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They may be used exclusively, and in any quantity, as an article of diet, or in addition to the ordinary meal; thereby rendering digestion better, and allowing more tonic and abundant food being taken, while at the same time they render the stomach better able to bear such active remedies as were not tolerated before.

Made into a Poultice, by beating them up with a small quantity of water, they will be found equally convenient and efficient, as an external application to gangrene and fetid ulcerations, &c.

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RARE OPENING.—A regular physician in this city, with a good and increasing practice, will dispose of the same to a competent person at a great bargain. Physicians desirous of locating in Boston will not soon find a similar opportunity. Full particulars can be learned by addressing J. E D., Boston Post Office. May 13—2t

DR. JAS. R. NICHOLS, ANALYTICAL AND PHARMACEUTICAL CHEMIST—4 Tremont St. Office and Laboratory, adjoining Tremont Medical School.

New Remedies.—Hypophosphites of Lime, Soda, Potassa, Iron and Ammonia. Hypophosphorous Acid (50 per cent. anhydrous acid), Syrups of the Hypophosphites, the same combined with Lactose, and Glycerine. Also, Syrup of Iodohydrargyrate of Potassium and Iron (remedy for secondary syphilis and scrofula), Ammonio-ferric Alum (astringent tonic).

These new chemical remedies, manufactured by the subscriber, will be furnished druggists and physicians at the lowest rates.

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May 6—tf

A RARE CHANCE.—A Physician, desiring to go West, will relinquish his practice to any well-qualified physician who will purchase his real estate, if applied for soon. Practice worth from $1,200 to $1,600 per annum, in a delightful village, free from all competition, on a line of railroad, and within five hours' ride of Boston. Inquire at this office. May 6—4t*

PARKER'S COMPOUND VEGETABLE OIL AND PATENT VENTILATING NIPPLE SHIELD—*For the Cure of Chapped or Sore Nipples.*—As this Compound is perfectly harmless, the Patient need have no fear whatever in its free use. The taste being pleasant, the child never refuses its accustomed nourishment on account of it.

The Oil has been used by the Proprietor's friends for many years, and has never failed to produce what is most desired—a healthy, well nipple, thereby rendering all other artificial means useless.

By the use of this Compound, with the Ventilating Shield, according to the directions, the patient may rest assured a cure will be effected, as it has never failed to do all claimed for it whenever it has been tried.

This method of treating sore nipples has been tried very successfully by many physicians in Boston, among whom are Drs. Walter Channing, John Homans, Sewall F. Parcher and D. V. Folts—to whom Mr. Parker is allowed to refer.

Weeks & Potter, 154 Washington street, Boston, agents for the N. E. States; and for sale by all Druggists. June 25—1yr

RADICAL CURE OF HERNIA.—DR. HEATON continues to cure Hernia or Rupture in all its forms, by his safe, effectual, and comparatively painless mode of operation. He also attends to female complaints—to the treatment and cure of Varicocele, Hydrocele, Hemorrhoids, &c. &c.

Patients from the country received as heretofore, at 72 Lincoln street. Consultations from 8 to 10 A.M., and from 3 to 4 P.M., daily, at his residence No. 2 Exeter Place, Boston. May 3—eoptf

INSTRUMENTS.—A full assortment of Surgical Instruments from the best makers, for sale at the factory prices. Also, *Dissecting Cases*, various styles. THEODORE METCALF & CO.,
Dec. 13. 39 Tremont Street.

DR. GARRATT has removed to 56 Summer st. (near Dr. Dewey's Church), and gives his special attention to the "*Diseases and Derangements of the Nervous System.*"
Boston, March 1, 1858. ap 15—eoptf

ALBANY MEDICAL COLLEGE.—The next term of this Institution will commence on the first Tuesday of September, and continue *sixteen weeks*. Degrees will be conferred at the close of the Session. Fee for the Course, $60. Graduation fee, $20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.

Boarding, from $2,50 to $3,00 per week.

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JAMES H. ARMSBY, M.D., Prof. of Anatomy.
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HOWARD TOWNSEND, M.D., Prof. of Materia Medica.
CHARLES H. PORTER, M.D., Prof. of Chemistry and Pharmacy.
JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics. J. V. P. QUACKENBUSH, *Reg'r.*
Albany, April 29, 1858. ap 29—tf

BOUDAULT'S PEPSINE.—As digestion in the healthy stomach is performed by a peculiar agent, Pepsine (always present in the normal state, but deficient in many diseases, the best and most natural way to re-establish the digestion, when this agent fails or is deficient, is to administer the Pepsine itself. Mr. Boudault offers this article to the notice of medical men in the state of a powder, pleasant and palatable. It is carefully prepared by treating with water the fourth stomach of *herbivorous animals*. For the last few years this medicine has been used with great success by the most enlightened physicians of Europe and America, in dyspepsia, gastralgia, in slow and difficult digestion following fevers, and also in consumption and other chronic diseases.

(See *Philadelphia Journal of Pharmacy*, May, 1857, page 263.)

Directions.—The Pepsine can either be administered alone, or given in connection with any medicine required by the case. The dose for an adult is one powder of fifteen grains, to be taken once or twice a day before eating. A convenient way is to take it in empty gelatinous capsules, or between two pieces of bread. The dose for a child is proportionate to its age. It is well after using this agent a week or more, to discontinue it for a few days, and then resume it, it required by the state of the digestion.

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From Pereira's Materia Medica, Vol. II., Part II, page 2243.

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March 19.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1578.] Thursday, May 20, 1858. [Vol. LVIII. No. 16.

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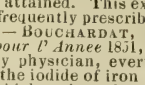
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Each pill contains one grain of iodide of iron, and is covered with one-fifth of a grain of minutely-pulverized iron, and the whole coated with a layer of balsam of tolu. Dose, 2 to 4 pills a day.

N. B.—Iodide of iron, which is impure, or which has undergone a change, is an uncertain, and sometimes a dangerous remedy, in consequence of the presence of free iodine; the physician can always assure himself of the purity of Blancard's Pills, by means of the *seal of reactive silver* which accompanies them. None are genuine which have not this *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

"GENERAL DEPOT IN THE U. S at
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and the fac-simile of Mr. Blancard, as here presented.



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June 11, 1857.—1y

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DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—tf

---

DR. HENRY W. WILLIAMS,
33 *Essex Street, Boston.*
Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

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Boston, Oct. 6, 1852. tf

FRANK H. STORER, Analytical and Consulting Chemist, No. 4 Howard Street, Boston.
Oct. 22—tf.

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All the pills of the U. S. Pharmacopœia.
All preparations of Iron, Quinine, Santonine, &c.
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All the alkaloids in granules of 1-5 to 1-50 of a gr.

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F. A. REICHARD,
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Aug 14.

PHYSICIAN'S HAND-BOOK OF PRACTICE, AND MEMORANDA for 1858, by Drs. ELMER and REUBEN. Size for thirty patients, $1,25; size for sixty patients, $1,50. For sale at this office, and will be sent by mail, postage free, on the receipt of the price. jan 28

ESSAY ON MEDICAL DELUSIONS.—"An Essay on some of the Principles of Medical Delusion." By J. H. Nutting, M.D., Stafford Spa, Ct. Reprinted, in a pamphlet of 36 octavo pages, from the Boston Medical and Surgical Journal, and for sale at this office. Single copies, 10 cents; three copies for 25 cents; seven copies for 50 cents; and sixteen copies for 1. Orders by mail promptly attended to. Aug. 31

Dr W Hooker

THE

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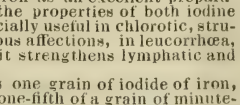
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May 17—eowtf

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PHYSICIAN'S DAILY ACCOUNT BOOK.—A new form of Account Book, prepared expressly for the use of Physicians, comprising in one volume, Day Book, Cash Book and Ledger, is now for sale at this office. To suit the convenience of individuals, three sizes are furnished, at the following prices:—Small size, $2; medium, $3; large, $4.

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E. C. Hooker

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1580.] Thursday, June 3, 1858. [Vol. LVIII. No. 18.

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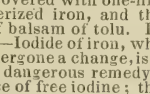
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June 11, 1857.—1y

ESSAYS ON THE PHYSIOLOGY OF THE NERVOUS SYSTEM,—with an Appendix on Hydrophobia. By Benjamin Haskell, M.D., of Rockport, Mass. These Essays, some of which have appeared in the pages of this Journal at different times, have been revised by the author, and are now, with additional matter, including a paper read before the State Society of Massachusetts at its last annual meeting, published in a neat 8vo. pamphlet of nearly 100 pages.

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PHYSICAL SIGNS IN DISEASES OF THE HEART—Dr. O'Brien Bellingham's Chart of the Signs furnished by Auscultation and Percussion in Diseases of the Heart, with Notes by Dr. Usher Parsons, of Providence, R. I., may be obtained at this office. Price 25 cts. Mounted and varnished, $1.00. June 25.

SYNOPTICAL VIEW OF DISEASES OF THE SKIN.—Dr. Duchesne Duparc's Chart of Diseases of the Skin. A complete concordance from the classifications and nomenclatures adopted by PLENCK, ALIBERT, WILLAN, RAYER, CAZENAVE, GIBERT and the Author; showing at one view the etymology, morbid character, apparent and anatomic seat, causes, progress, duration and treatment of the principal cutaneous diseases. Translated from the French, by ADINO B. HALL, M.D., Boston. May be obtained at this office, or forwarded by mail free of postage: Price 50 cents. Feb. 21

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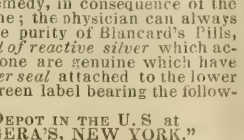
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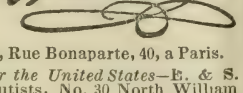
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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

EDITED BY

W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1583.] Thursday, June 24, 1858. [Vol. LVIII. No. 21.

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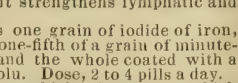
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Whole No. 1584.] Thursday, July 1, 1858. [Vol. LVIII. No. 22.

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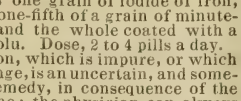
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(See *Philadelphia Journal of Pharmacy*, May, 1857, page 263.)

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Whole No. 1585.] Thursday, July 8, 1858. [Vol. LVIII. No. 23.

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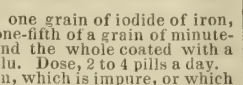
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N. B.—Iodide of iron, which is impure, or which has undergone a change, is an uncertain, and sometimes a dangerous remedy, in consequence of the presence of free iodine; the physician can always assure himself of the purity of Blancard's Pills, by means of the *seal of reactive silver* which accompanies them. None are genuine which have not this *reactive silver seal* attached to the lower part of the cork, a green label bearing the following inscription:

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E. & S. FOUGERA'S, NEW YORK."

and the fac-simile of Mr. Blancard, as here presented.



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June 11, 1857.—1y

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The Oil has been used by the Proprietor's friends for many years, and has never failed to produce what is most desired—a healthy, well nipple, thereby rendering all other artificial means useless.

By the use of this Compound, with the Ventilating Shield, according to the directions, the patient may rest assured a cure will be effected, as it has never failed to do all claimed for it whenever it has been tried.

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Weeks & Potter, 154 Washington street, Boston, agents for the N. E. States; and for sale by all Druggists. June 25—1yr

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MEDICAL ELECTRICITY.—DR. GARRATT has removed to 56 Summer st., and devotes himself to the careful diagnosis and treatment of nervous affections—"*Diseases and Derangements of the Nervous System*"—and all diseases for which the judicious use of electricity (by great primary galvanic currents combined, or induced magnetic electricity from heavy banks of magnets—sparks drawn, or charges given, as practised by Golding Bird in the electric ward of Guy's Hospital, or electro magnetism from ample machines in perpetual action) may be permanently useful, if skilfully employed. Physicians will confer a favor by dropping a line of suggestion, or calling with the patient.

Boston, March 1, 1858. ap 15—tf

ALBANY MEDICAL COLLEGE.—The next term of this Institution will commence on the first Tuesday of September, and continue *sixteen weeks.* Degrees will be conferred at the close of the Session. Fee for the Course, $60. Graduation fee, $20.

Materials for dissection are abundant, and furnished to Students on as reasonable terms as at any similar Institution in the country. A spacious Hospital has been opened nearly opposite the College, to which Students are admitted free of charge.

Weekly Cliniques are held in the College.

Boarding, from $2,50 to $3,00 per week.

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JOHN V. P. QUACKENBUSH, M.D., Prof. of Obstetrics. J. V. P. QUACKENBUSH, *Reg'r.*

Albany, April 29, 1858. ap 29—tf

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(See *Philadelphia Journal of Pharmacy,* May, 1857, page 263.)

Directions.—The Pepsine can either be administered alone, or given in connection with any medicine required by the case. The dose for an adult is one powder of fifteen grains, to be taken once or twice a day before eating. A convenient way is to take it in empty gelatinous capsules, or between two pieces of bread. The dose for a child is proportionate to its age. It is well after using this agent a week or more, to discontinue it for a few days, and then resume it, if required by the state of the digestion.

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DR. HENRY W. WILLIAMS,
33 *Essex Street, Boston.*
Special attention given to Diseases of the Eye.
Nov. 5, 1848.—eptf

TO THE MEDICAL PROFESSION.—The Subscriber, having resumed the practice of his profession, will devote himself to the diagnosis and treatment of Thoracic Diseases. He will visit for consultation any of the New England States. His office hours, in the city, will be from 11 A.M. until 1 P.M., at 8 Otis Place. He will likewise receive private pupils either singly or in classes, for a longer or shorter period. HENRY I. BOWDITCH.
Boston, Oct. 6, 1852. tf

PHARMACEUTICAL GRANULES AND DRAGEES (*Sugar coated Pills*)—prepared by GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris. For Sale by
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W. W. MORLAND, M.D. AND FRANCIS MINOT, M.D.

Whole No. 1586.] Thursday, July 15, 1858. [Vol. LVIII. No. 24.

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June 17—6 w.

BERKSHIRE MEDICAL INSTITUTION, at Pittsfield, Mass. The Annual Course of Lectures commences on the first Thursday in August, and continues sixteen weeks.

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E. K. SANBORN, M.D., Surgery.

TIMOTHY CHILDS, M.D., Anatomy.

HENRY M. SEELY, M.D., Chemistry and Toxicology.

R. CRESSON STILES. M.D., Physiology and Pathology.

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FEES.—For all the Courses of Lectures, $50 ; fee for those who have already attended two full courses at *regular* incorporated medical schools, $10 ; Matriculation Ticket, $3 ; Students who have attended two courses at this Institution, will be required to pay only the Matriculation Fee ; Graduation Fee, $18 ; Library Fee, $1.

The Summer Reading Term.—This Term commences the first Thursday in June, and continues until the commencement of the Lecture Term. This Term will be devoted to Recitations and familiar Lectures on the several branches, with Theses from the class. *It is preparatory to the Lectures, and gratuitous to those who propose to attend the succeeding Lecture season. Students are earnestly advised to avail themselves of the advantages afforded them by his preliminary course.*

jy 1—6t TIMOTHY CHILDS, *Dean.*

DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.

Dec. 24, 1857.

DR. N. THURSTON'S office, at Armory Hall, No. 9, Second Floor, corner of Montgomery and Sacramento sts., San Francisco, Cal.

Feb. 21.

QUACKERY UNMASKED: Or a Consideration of the most prominent Empirical Schemes of the present time, with an Enumeration of some of the Causes which contribute to their support. By Dan King, M.D. This work is intended for general as well as professional readers, and is an excellent one for medical men to recommend and introduce among their acquaintance. It consists of 334 duodecimo pages, neatly printed on fine paper and handsomely bound, and is suitable to be placed in the drawing room or library of the most fastidious.

The printed "Contents" show that the first chapter is devoted to a brief sketch of Medical History ; the next thirteen chapters treat of Homœopathy ; Chap. 15, of Hydropathy ; 16, Thomsonism ; 17, Female Physicians ; 18, Indian Medicine ; 19, Eclecticism ; 20, Chrono-Thermalism ; 21, Natural Bone-Setters ; 22, The Press ; 23, Female Influence; 24, Professional Discord , 25, Clerical Influence ; 26, Vagrant Quacks; 27, Nostrum Recommendations; 28, Allopathy; 29, Low Standard of Professional Acquirements; 30, Insufficiency of Medicine to accomplish all that the Public require; 31, Reflections. Price One Dollar.

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They may be used exclusively, and in any quantity, as an article of diet, or in addition to the ordinary meal ; thereby rendering digestion better, and allowing more tonic and abundant food being taken, while at the same time they render the stomach better able to bear such active remedies as were not tolerated before.

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Whole No. 1587.] Thursday, July 22, 1858. [Vol. LVIII. No. 25.

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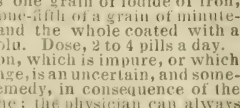
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NOTICE TO PHYSICIANS.—Any Physician desirous of locating in a pleasant seaport town in Massachusetts, may hear of a rare opportunity by calling on David Fairbanks, Esq., No. 51 Commercial street, Boston. The stand is situated in the centre of the town, on the principal street; has an apothecary shop, well stocked, attached to it, with a good run of custom from Harbor and Town.

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COLLEGE OF PHYSICIANS AND SURGEONS, IN THE CITY OF NEW YORK.—The Fifty-second Session of the College will be opened on Monday, October 18, 1858, and continued until the second Thursday (10th) of March, 1859.

EDWARD DELAFIELD, M.D., President and Professor Emeritus of Obstetrics.

JOSEPH M. SMITH, M.D., Prof. of Materia Medica and Clinical Medicine.

ROBERT WATTS, M.D., Prof. of Anatomy.

WILLARD PARKER, M.D., Prof. of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and Medical Jurisprudence.

ALONZO CLARK, M.D., Prof. of Pathology and Practical Medicine.

JOHN C. DALTON, Jr,. M.D., Prof. of Physiology and Microscopic Anatomy.

SAMUEL ST. JOHN, M.D., Prof. of Chemistry.

HENRY B. SANDS, M.D., Demonstrator of Anatomy.

Fees.—Matriculation fee, $5. Fee for the full Course of Lectures, $105. Graduation fee, $25. Demonstrator's ticket, $5.

The Fall Course will commence on Monday, 20th September, and continue until the opening of the Regular Course in October; this course will be *free* to the Matriculated Students of the College. There will be two Surgical and one Medical Cliniques, also a Clinique on Diseases of Females, every week, throughout the Fall and Winter Courses.

Lectures will be given in the Fall Course, by Professors Watts, on the Anatomy of the Circulatory Apparatus; Gilman, on Diseases of the Uterus; Dalton, on the Physiology of the Cranial Nerves; St. John, on Meteorology as applied to Hygiene; and by Dr. F. I. Bumstead, on Venereal and Skin Diseases.

PRIZE THESES.—At the Annual Commencement in March, two Prizes will be awarded by the Faculty—one of Fifty Dollars and one of Twenty Dollars—for the two best Graduating Theses presented during the year. ROBERT WATTS, M.D.,

Dean of the Faculty,

July 22—tO18 Cor. of 4th Av. and 23d St.

OXYGEN GAS.—Pure Oxygen Gas furnished Physicians for administration in Scarlatina and other putrid diseases. JAS. R. NICHOLS,

July 22—4t Chemist, 41 Tremont st.

MEDICAL COLLEGE OF OHIO, *CINCINNATI.*—SESSIONS OF 1858-59.—The Thirty-Ninth Annual Course of Lectures, in this Institution, will commence on the 15th of October, and continue until the last of February.

Faculty.

L. M. LAWSON, M.D., Professor of the Theory and Practice of Medicine and Clinical Medicine.

JESSE P. JUDKINS, M.D., Prof. of Anatomy.

GEO. C. BLACKMAN, M.D., Prof. of Surgery and Clinical Surgery.

GEORGE MENDENHALL, M.D., Prof. of Obstetrics and Diseases of Women and Children.

JAMES GRAHAM, M.D., Prof. of Materia Medica and Therapeutics.

C. G. COMEGYS, M.D., Prof. of the Institutes of Medicine.

H. E. FOOTE, M.D., Prof. of Chemistry.

THOMAS WOOD, M.D., Prof. of Microscopic and Surgical Anatomy.

JOHN A. MURPHY, M.D., Adjunct Prof. of Practice of Medicine and Clinical Medicine.

B. F. RICHARDSON, M.D., Adjunct Prof. of Obstetrics and Diseases of Women and Children.

WM. CLENDENIN, M.D., Demonstrator of Anatomy.

Clinical Instruction.

The Faculty are determined to devote much time and attention to Clinical instruction. The patients of the Commercial Hospital and City Dispensary (which are under the exclusive control of the Medical College of Ohio), will be examined, prescribed for, or operated upon *daily*, in presence of the class. Opportunity for witnessing cases and operations at St. John's Hotel for Invalids will also be presented.

The Anatomical Rooms will be opened on the 1st of October. Material for dissection will be abundant.

Fees.

Professors' Tickets, $80. Dissecting ticket, $6. Hospital Ticket, $10. Graduation fee, $25.

At the close of the Session, the Faculty will elect from the Class seven House Physicians, to reside in the Hospitals and Dispensary for one year.

For further information, call at the College on Sixth street, between Vine and Race, or address the Dean. L. M. LAWSON, M.D., *Dean,*

159 Race street.

GEO. MENDENHALL, M.D., *Registrar,* 197 Fourth st.

July 15.—eow3t

BERKSHIRE MEDICAL INSTITUTION, at Pittsfield, Mass. The Annual Course of Lectures commences on the first Thursday in August, and continues sixteen weeks.

FACULTY OF MEDICINE.

HENRY H. CHILDS, M.D., Principles and Practice of Medicine.

E. K. SANBORN, M.D., Surgery.

TIMOTHY CHILDS, M.D., Anatomy.

HENRY M. SEELY, M.D., Chemistry and Toxicology.

R. CRESSON STILES. M.D., Physiology and Pathology.

FITCH EDWARD OLIVER, M.D., Materia Medica, Obstetrics, and Medical Jurisprudence.

OSCAR C. DE WOLF, M.D., Demonstrator of Anatomy.

FEES.—For all the Courses of Lectures, $50; fee for those who have already attended two full courses at *regular* incorporated medical schools, $10; Matriculation Ticket, $3; Students who have attended two courses at this Institution, will be required to pay only the Matriculation Fee; Graduation Fee, $18; Library Fee, $1.

The Summer Reading Term.—This Term commences the first Thursday in June, and continues until the commencement of the Lecture Term. This Term will be devoted to Recitations and familiar Lectures on the several branches, with Theses from the class. *It is preparatory to the Lectures, and gratuitous to those who propose to attend the succeeding Lecture season. Students are earnestly advised to avail themselves of the advantages afforded them by his preliminary course.*

jy 1—6t TIMOTHY CHILDS, *Dean.*

QUACKERY UNMASKED: Or a Consideration of the most prominent Empirical Schemes of the present time, with an Enumeration of some of the Causes which contribute to their support. By Dan King, M.D. This work is intended for general as well as professional readers, and is an excellent one for medical men to recommend and introduce among their acquaintance. It consists of 334 duodecimo pages, neatly printed on fine paper and handsomely bound, and is suitable to be placed in the drawing room or library of the most fastidious.

The printed "Contents" show that the first chapter is devoted to a brief sketch of Medical History; the next thirteen chapters treat of Homœopathy; Chap. 15, of Hydropathy; 16, Thomsonism; 17, Female Physicians; 18, Indian Medicine; 19, Eclecticism; 20, Chrono-Thermalism; 21, Natural Bone-Setters; 22, The Press; 23, Female Influence; 24, Professional Discord, 25, Clerical Influence; 26, Vagrant Quacks; 27, Nostrum Recommendations; 28, Allopathy; 29, Low Standard of Professional Acquirements; 30, Insufficiency of Medicine to accomplish all that the Public require; 31, Reflections. Price One Dollar.

The book will be sent by mail, *postage paid*, on the receipt at this office of the money and address.

June 3—tf

DR. L. V. BELL, having retired from the McLean Asylum, will attend calls in consultation only, in city and country, whenever his services may be thought useful. No. 4 Concord street, Monument Square, Charlestown, Mass. April 3—tf

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DR. J. H. DIX has removed to Boylston, corner of Tremont street, and attends exclusively to DISEASES OF THE EYE AND EAR.

Dec. 24, 1857.

DR. SLADE,

17 *Temple Place*,

Special attention given to diseases of the Urinary Organs. May 27—tf

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INSTRUMENTS.—A full assortment of Surgical Instruments from the best makers, for sale at the factory prices. Also, *Dissecting Cases*, various styles. THEODORE METCALF & CO.,

Dec. 13. 39 Tremont Street.

PHARMACEUTICAL GRANULES AND DRAGEES (*Sugar coated Pills*)—prepared by GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris. For Sale by

I. BARTLETT PATTEN, *Druggist*,
Cor. Harrison Avenue and Beach St.

VACCINE VIRUS.—Physicians in any section of the United States, can procure ten quills charged with *Pure Vaccine Virus* by return of mail, on addressing Dr. J. V. C. SMITH, Park st., basement of the Park street Church, corner of Tremont, Boston, enclosing one dollar. Oct 22

MUTUAL LIFE INSURANCE.—The *New England Mutual Life Insurance Company* (Office Merchants' Bank Building, 14 State street, Boston) insures lives on the mutual principle.

Accumulation—over $870,000, and increasing, for the benefit of members, present and future. The whole safely and advantageously invested.

The business conducted exclusively for the benefit of the persons insured.

The greatest risk taken on a life, $15,000.

Surplus distributed among the members every fifth year, from Dec. 1, 1843.

Premiums may be paid quarterly or semi-annually, where desired, and amounts not to fall.

Forms of application and pamphlets of the Company, and its reports, to be had of its agents, or at the office of the Company, or forwarded by mail, if written for, post-paid.

DIRECTORS.

Willard Phillips, *President*.

Wm. B. Reynolds,	George H. Folger,
Charles P. Curtis,	Sewell Tappan,
M. P. Wilder,	Charles Hubbard.
Thomas A. Dexter,	A. W. Thaxter, Jr.

BENJAMIN F. STEVENS, *Sec'y.*

J. HOMANS, M.D., *Consulting Physician.*

May 14.

TISSUE GUTTA PERCHA—A simple and efficacious remedy for Rheumatism, Gout, Stiff Joints, &c. Sample sent by mail on receipt of fifty cents.

Spongio Piline, an excellent substitute for the common poultice. Its advantages are that it is externally dry and unsoiling, retains its warmth and moisture for a great length of time and is free from unpleasant odor. It may be cleansed in the manner of a common sponge and used many times. Price, $1.00 per square foot.

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No. 1, Goat Skin, containing 20 two and a half drachm vials, well corked, $2.50.

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No. 4, Calf Skin, containing 16 two drachm vials, well corked, $1.50.

These cases are very compact and well protected, and for convenience and durability are unsurpassed.

Either size forwarded by mail on receipt of price and fifty cents to prepay postage.

Galvanic Batteries. A new style of Rotary or Magneto-Electric Machine, embracing several important improvements. Also Acid Batteries of every description.

Goodwin's Splints, Fracture Apparatus.

Amputating, Trepanning, Omnibus, Post-mortem and Minor cases of all kinds.

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Skeletons, Anatomical Preparations and Charts.

Lewis's, Davidson's, Mattson's, and other Syringes, and a complete assortment of Surgical and Dental Instruments of every description, at wholesale or retail.

CODMAN & SHURTLEFF,
(Late B. S. Codman & Co.)

March 11—tf. 13 *Tremont St., Boston*

MASSACHUSETTS GENERAL HOSPITAL.—Applications for admission of patients to the Massachusetts General Hospital should be made, personally if possible, to the Resident Physician at the Hospital. Persons not residing in the city, are expected to forward an account of their case, prepared by their attending physician, accompanying their letter of application.

BENJAMIN S. SHAW, M.D.,

July 15, 1858—3m *Resident Physician.*

PHARMACEUTICAL GRANULES AND DRAGEES (*Sugar coated Pills*)—of GARNIER, LAMOURIEUX & Co., members of the College of Pharmacy, Paris.

All the pills of the U. S. Pharmacopœia.

All preparations of Iron, Quinine, Santonine, &c.

All the combinations of Copaiba, Cubebs, &c.

All the alkaloids in granules of 1-5 to 1-50 of a gr.

These pills are all covered with a coating of sugar, and present great advantages in the quadruple point of view, of the exactness of the weight of the medicine, of its perfect preservation, its convenient and agreeable administration, and above all, its sensibly increased therapeutic action in the form of Dragees. Agent for the United States,

F. A. REICHARD,

Oct. 22—1yr* 127 *Duane st., New York.*

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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ASCITES AND ANASARCA FOLLOWING PARTURITION.

[Read before the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

BY JAMES AYER, M.D.

MRS. C——, æt. 25 years, of nervo-bilious temperament, health generally good, came under my care three weeks after her second confinement. The treatment at the accouchement, and through her illness, had been conducted by a homœopathic practitioner in one of the neighboring towns, where she resided.

On my first visit, I found her sitting up in a rocking chair, with her shoulders inclined backward, the abdomen enormously distended, respiration hurried and thoracic, and somewhat labored. The pulse was quick, irritable, and difficult to count, but about 140 per minute. She complained chiefly of the difficulty of breathing. Her spirits were decidedly cheerful, although she was exceedingly worn down by illness. Her body was generally œdematous, the lower extremities and feet thoroughly anasarcous, with a shining surface, pitting on pressure. The tongue was tolerably clean. The bowels were inclined to be loose. The urine was scanty, high colored, and usually passed with the dejections. The patient also complained of pain over the lumbar vertebræ, and of painful micturition. Her appetite was tolerably good, although she had been confined to a light diet. With assistance, she was able to walk to the bed, and, on lying down, fluctuation was found to be very distinct throughout the abdomen. The recumbent position increased her breadth uniformly; and no inequality, or induration of surface, was discovered on pressure. Slight abdominal tenderness was noticed on moderate pressure. The sitting posture was more comfortable than the recumbent.

Besides homœopathic remedies, the patient had taken, for a few days previously, from her physician, a decoction of fol. diosmæ in which supertartrate of potash had been dissolved. The diarrhœa was attributed to this remedy, as it did not exist before its exhibition.

Ascites was clearly diagnosticated. Acetate of potash, ten grains, in syrup of acacia, three times daily, with a decoction of diosma leaves and of uva ursi combined, as a drink, were ordered. The recumbent posture, with the head and shoulders well elevated, was also enjoined. Holland gin, in table-spoonful doses, was allowed, three or four times daily.

The next day, Dr. Channing saw the patient in consultation, and recommended, in addition to the treatment already employed, the exhibition of one drop of croton oil, in a pill, twice or three times daily, as it could be borne by the bowels. This remedy has been successfully employed by Dr. George Fife, Physician to Queen's Hospital, Birmingham, in cases of ascites. (*Vide Braithwaite*, Part XXXV.) The view taken of this case was, that the dropsy was not of renal origin, but that it probably arose from biliary derangement, or possibly from some of those occult general causes occurring in pregnancy. I should have said before, that for several weeks before and after her first confinement, which occurred three years previously, her abdomen was much swollen, but the effusion subsided after a few simple remedies.

No special treatment had been employed, previous to the last delivery, for the reduction of the dropsy. The infant weighed three pounds at birth, and continued puny and emaciated, with its diminutive face full of wrinkles. In a day or two after, urine was procured, clear, and, on testing it, was found of natural color, odorous; specific gravity 20°. On boiling it with nitric acid, no coagulation was perceived; it slightly reddened litmus paper.

Measurements of the abdomen, over the umbilicus, were made daily by the nurse, and always with the patient in the same position. The patient was naturally tall and slender, but on the first application of the tape, at the beginning of my treatment, her circumference was found to be one yard and one fourth. The remedies already mentioned were perseveringly continued. In six days there was a decided increase in the urinary secretion. There were from two to four watery dejections daily, occasionally requiring gentle restraint by simple astringents. On the eighteenth and nineteenth days of my attendance, six quarts of urine, by measure, were discharged daily. At the end of the third week, the abdominal tumor had decreased five inches. The acetate of potash was reduced to five grains, twice or thrice daily, and a pill of croton oil was given night and morning.

At the end of the first fortnight, as the measure had indicated no decrease for several days, extract of elaterium, combined with extract of gentian, one eighth of a grain of the former to one grain of the gentian, was directed. Three of the pills, given at intervals, produced copious watery dejections, followed by increased activity of the kidneys. This was the only occasion on which this drug was used in the case. At this period, the pulse beat

120 per minute, and was more distinct. The appetite had improved; and animal food, with a free use of vegetables and fruits, was borne with impunity. Watermelons were allowed freely, and found especially useful. From the first, as generous a diet had been allowed as the patient could be expected to digest without exercise. Her meals were well relished, and nothing which she ate distressed her.

At the close of the fifth week, Mrs. C. had lost fourteen inches in circumference, and found, to her joy, that she could pick up a pin from the floor—a feat she had been unable to accomplish for many weeks.

The case went favorably on, and without the slightest interruption. The œdema of the extremities gradually subsided, sleep became quiet, the spirits were always buoyant, and the secretion of milk, which was almost totally wanting at my first visit, had returned to the breasts. Citrate of iron was at length given as a tonic, and the patient rode out at an early period. Her recovery was steady, and proved permanent. The milk was entirely restored to the breasts.

My attendance commenced August 28th, and closed October 27th; during the last two weeks of it, the patient rode out and came into the city once, by cars, a distance of three or four miles. Her health is now (Dec. 1st) fully re-established, and her child is vigorous, and weighs ten pounds.

The patient took fifty-nine drops of croton oil in all, in the form of bread pills. The only inconvenience complained of from them, was slight irritation of the fauces after swallowing them. Although classed as a hydragogue cathartic, Dr. Fife thinks this drug possesses no properties but those of a drastic cathartic. His theory is, that in dropsy there is a decided loss of equilibrium between the exhalants and absorbents, that the oil diminishes the fluid by its drastic action, and at the same time exalts the power of the absorbents. Elaterium he objects to, on account of its depressing effects on the absorbents, and the difficulty of predetermining its results, or regulating its action.

FREQUENCY OF THE CRYSTALLINE URINARY DEPOSITS AT THE MASSACHUSETTS GENERAL HOSPITAL.

[Read before the Boston Society for Medical Observation, January 4th, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY JOHN BACON, M.D.

During the past six years, I have preserved a record of the specimens of urine analyzed for the Massachusetts General Hospital. The present paper gives a few numerical results derived from these notes, in relation to points which are vaguely stated by the authors who treat of the subject, and in regard to which observa-

tions made in different places will probably show remarkable differences.

The specimens of urine submitted to me for chemical analysis for the six years preceding January 1st, 1858, have amounted to 1,122. Deposits of some kind occurred in 909. The order of frequency for the several crystalline deposits, including also amorphous phosphate of lime, is as follows:

Oxalate of lime occurred in	380	specimens.
Urates " "	180	"
Earthy phosphates " "	108	"
Uric acid " "	46	"
Cystine " "	4	"

The four deposits of cystine were from one patient.

Comparing these numbers with the whole number of *deposits*, we obtain the following proportions:

Oxalate of lime was found in	42 per cent. (nearly).
Urates " " "	20 "
Earthy phosphates "	12 "
Uric acid " "	5 "

In 1854, I made a communication to this Society on the frequency of the oxalate of lime deposit at the Massachusetts General Hospital, in which the observations of two and a half years showed decided variations for different seasons of the year. For the three winter months, the proportion of oxalate of lime deposits as compared with the whole number of deposits was 24 per cent.; for the spring months, 55 per cent.; summer, 49 per cent.; and autumn, 42 per cent. A similar comparison for the last three and a half years shows also a variation with the seasons, but in a nearly opposite direction; the ratio for the winter being 38 per cent.; spring, 28 per cent.; summer, 37 per cent.; and autumn, 43 per cent.

The general average of oxalate of lime deposits for the last three and a half years is 37 per cent. Comparing the same periods as above, the proportion of urates and earthy phosphates has remained the same. The deposits of uric acid have risen from 4 to 6 per cent. Oxalate of lime remains, notwithstanding this decline, by far the most frequent deposit at the Hospital, and probably bears a larger proportion to other deposits than in private practice. It is, however, to be considered that oxalate of lime frequently escapes notice unless the microscope is used. An abundance of those colorless and transparent crystals may be diffused through a specimen of urine without impairing its clearness, or forming a visible deposit.

The forms in which oxalate of lime occurs are of some interest. The predominant form is the well-known octohedron. Dumb-bells and oval forms occurred in twenty-three instances in sufficient numbers to be noticeable. A very few, especially of the oval discs, are not infrequent companions of the octohedra. Once only, dumb-

bells occurred without octohedra, in a specimen of urine containing zoosperms. In several cases, stellate crystals of six or more rays, or rosettes, were observed. In one instance, oxalate of lime occurred in six-sided tables, resembling cystine in crystalline form; and once in long four-sided prisms, resembling the crystals of this substance so abundant in the tissues of plants.

In the deposits of earthy phosphates, crystals of diphosphate of lime are occasionally seen, but rarely in a specimen examined soon after it is passed. They are constantly confounded with triple phosphate, and are badly figured by Dr. Bird among the stellar and penniform crystals of what he calls basic triple phosphate. With a little care, they are easily distinguished by their microscopic characters or chemical reactions. When isolated they are wedge-shaped, and are mostly grouped in rosettes, being united by their pointed ends. They are very transparent and colorless.

SPINA BIFIDA.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—A singular, and, to me, very anomalous, case of spina bifida occurred recently in my practice.

The child, a female, full grown and apparently healthy, presented a cyst, or tumor, covering the three lower vertebræ, extending nearly to the sacrum, and filled with a liquid resembling urine in smell and color. The child lived five days, without passing water by the natural organs (which appeared perfectly formed), and without moving its lower limbs.

A *post-mortem* examination revealed the fact, that the third lumbar vertebra was wanting, and its place partially supplied by a thin cartilage, having an opening, through which passed two ducts, or ureters, which supplied the cyst with water. There were no ureters connecting with the bladder. S. F. Parcher, M.D.

East Boston, January 25th, 1858.

CLINICAL LECTURE ON HERNIA.

DELIVERED AT ST. THOMAS'S HOSPITAL, BY SAMUEL SOLLY, ESQ., F.R.S., SURGEON TO THE HOSPITAL.

Gentlemen,—Since our last meeting I have had several interesting cases of hernia under my care, to which I must call your attention. No two cases of hernia are exactly alike; they all have their individual characteristics. Almost every fresh case teaches you some new point in the treatment of this wide-spread ailment. It is not one of those surgical diseases, that when you are in practice for yourselves in the country you can shift on the shoulders of

another. You will be required and expected to act promptly. Upon the accuracy of your judgment, and the skill of your hands, will often rest the life of your fellow creatures. I feel, therefore, that no apology is necessary for bringing these cases before you, though some occurred during the past summer.

S. W., aged 63, publican, was admitted on September 28th, into Abraham's ward. For several years he had noticed a small painless compressible swelling in the right groin; when and how it first appeared, he did not know. He never suspected rupture, and had never worn a truss. On the morning of the 26th, when at stool, he felt a little pain in his right groin, but thought no more of it until, when going up a hill a little later in the day, his attention was again directed to the part by an increased pain there, and he noticed the swelling to be somewhat larger than usual. He also began to feel some pain at the lower part of the abdomen. Fearing he was going to have a "bowel attack," he called in a medical man, who gave him medicine accordingly. He did not mention to him at this time the existence of the hernia.

This simple detail of symptoms reminds me of what I so often met with when I acted as surgeon to the Truss Society—namely, how frequently individuals in the middle and poorer ranks of society suffer from hernial protrusion without being aware of the nature of that protrusion, or the danger to which it subjects them. This ignorance cannot of course be entirely remedied, but if you are aware that it frequently exists, it may induce you to make inquiries which otherwise you might consider needless. Again, you will often find patients who are aware that they are the subjects of hernia, attach no importance to it because "it is so small." As examiner to some life assurance offices, where a small additional premium is charged on account of the extra risk arising from the existence of hernia, I often find the proposer object to this on the same ground. But the fact is, a small rupture is more dangerous in one respect than a large one. It is true that it is not so liable to protrusion; it is more easily retained in the abdominal cavity by a well adjusted truss; but if by any accident it does escape, then it is much more liable to strangulation. The pertinacity with which some women will conceal the fact that they are suffering from rupture—yes, even from positive strangulated rupture, knowing all the while the seriousness of the disease,—is positively marvellous, as the following fact will prove:—The housekeeper of a public library in the city so successfully concealed the real nature of her ailment from her medical attendants, that she died of unrelieved strangulated femoral hernia. On her deathbed she begged her attendant, if she should be the subject of the same disease at any period of life, to conceal it from her doctors. Her attendant became her successor in the office of housekeeper. She, many years after the death of her former mistress, did be-

come the subject of femoral hernia, and though she knew that by concealment was the death of her late mistress caused, she pursued the same course, and so far successfully, that when I was called in to operate, it was too late, the gut had sloughed, and she died from a false modesty. It was after her death that I heard this story.

During the night of the 26th, Samuel W. continued in a good deal of pain; was restless and sleepless.

On the morning of the 27th, he spoke of the swelling to his medical attendant, who at once recognized it as a rupture, and made two or three attempts to return it by the taxis, but failed; nor did he succeed with the aid of the warm bath. The patient ate nothing during the day; in the afternoon, sickness of a bilious character came on; the abdominal pain increased, and continued during the night, so that he again got no sleep.

On the 28th he came into the hospital. On examination, there was a small swelling, situated just above the middle of Poupart's ligament; not painful when handled; compressible; not transmitting any impulse to the hand when he coughed. The taxis was applied, and also ice, but both failed to reduce it. He had had no sickness this morning, and was not suffering from much depression; but still, although these symptoms were not urgent, Mr. Solly determined to prevent all risk by operating.

In this case, some of the symptoms were those of strangulated hernia, but not all; the vomiting was not stercoraceous nor fæculent; the tumor did not give unequivocal evidence of its intestinal contents or connection with the abdomen; there was no protrusion on coughing. It did not feel so tense or so elastic as a strangulated hernia. In feel it was almost like an enlarged inguinal gland. Nevertheless, I considered it my duty to cut down upon it at once, without waiting for more urgent symptoms, even at the risk of exposing simply an enlarged gland, and, as some good-natured friend might say, my own ignorance. Never hesitate in a case of this kind; if there is a strangulated hernia, the incision may save a human life; if there is not, very little inconvenience will be felt.

The patient declined to take chloroform. One incision, parallel to the mesial line of the body, was made over the supposed position of the neck of the sac, which was found deeply imbedded in adipose and cellular tissue. The constriction was removed without opening the sac, by dividing a few of the ligamentous fibres at the junction of Poupart's and Gimbernat's ligaments, and the bowel returned. The edges of the wound were then brought together by two sutures, and pressure maintained to prevent a fresh protrusion, by a pad of lint and long roller carefully applied.

The smallness of the sac, covered by an enlarged gland and a considerable quantity of adipose tissue, accounted for the sensa-

tion experienced by the touch; and the extreme tightness of the stricture, shutting up entirely all communication with the abdomen, prevented any sense of impulse upon coughing. Therefore, the very circumstance which obscured this diagnostic sign of hernia rendered the case more perilous to the patient. From the smallness of the sac, I suspect that the whole calibre of the gut was not included in it. When this is the case, the symptoms are often so much masked that I have seen cases where the operation has been in consequence postponed, until a fatal termination has decided the real nature of the case.

You learn, from the report, that I did not open the sac. If there is one point in surgical practice, of the propriety of which I am more thoroughly convinced than another, it is that of not opening the sac, as a rule. There are cases in which it is not merely advisable, but absolutely necessary; but where you are able to perform the operation without exposing the gut, I am sure you will increase the chances of a favorable result at least tenfold.

This operation is not as easy as it appears, and, when you first attempt it, the probability is that you wont succeed. You will find it easier if you use the common probe-pointed bistoury than with the long probe-pointed hernia knife, and the bistoury is the safer tool to use. I firmly believe that in this case the mode of performing the operation just turned the balance between recovery and death. As you will perceive, from further history of the case, his life trembled in the balance, and a very little more in the adverse scale would have sunk it on the wrong side.

Toward evening, sickness came on, and continued during the first part of the night. Half a grain of hydrochloride of morphia with two grains of calomel were administered, and in six hours the calomel was repeated without the opium.

Sept. 29th.—Bowels not open. He is feeling no particular pain in the abdomen. To have a grain of calomel, and a quarter of a grain of opium, every six hours. Toward evening sickness returned. He was ordered bicarbonate of soda, half a drachm; and hydrocyanic acid, two minims; peppermint water, one ounce, immediately. This, however, did not allay the sickness, which continued nearly the whole night, and in the morning (30th) assumed an almost fæcal character; this, however, ceased, and toward evening it became again more bilious. Bowels not open.

Oct. 1st.—He was getting depressed from the continuance of the sickness. Abdominal pain also increased. A common enema was administered by Mr. Solly's direction, a mustard poultice applied to the surface of the abdomen, and afterward the Stone fomentations. The enema was returned, and the bowels were unopened by it. He had, however, no return of the sickness.

I must direct your attention to the employment of an enema in this case. As a general rule, do not give aperients after the ope-

ration for hernia, or use enemata. In almost all the cases of strangulated hernia which come to the London Hospital, purgatives have been previously given *ad libitum*. In truth, so charged are the guts with these powerfully persuasive medicines, that, after the mechanical obstruction to the fæculent discharge has been removed by an operation, down come the alvine secretions like a torrent, and your patient is positively washed into his grave by a super-cathartic diarrhœa.

Your after-treatment must, then, in some measure, be regulated by what has been administered previous to your treatment. Generally speaking, you will find opiates more called for than cathartics. After I have finished with this case, I will detail one that occurred last season, in illustration of this treatment. In ordering the enema, in this case, I did not do so because I was anxious to see the bowels opened, and that most substantial of all proofs rendered, that the operation, as an operation, was successful, but because the continued vomiting was evidently endangering, by its depressing effect, the life of my aged patient. Indeed, at this time, his whole condition was so critical, and his symptoms so threatening, that an intelligent practitioner from the country, who saw him with me, could not help saying that his end was not far off; and was not a little surprised when I told him, when we met again during the following week, that he was convalescent. The enema arrested the sickness, and proved its usefulness.

2d.—Bowels still unopened. Two ounces of compound senna mixture, and enema repeated. When this was rejected, the contents of the lower bowel were evacuated. No return of sickness.

3d.—Passed a better night. Enema as last repeated. Copious motion followed, and twice afterward. To take compound rhubarb pill, ten grains, every night.

From this date his recovery has been uninterrupted: bowels regularly open—rather too much so; so that he only takes the aperient pill now and then. The wound has not healed by first intention, but is rapidly filling up by granulation. He has since left the hospital quite well, with a well-fitting truss adapted to the opening.

The next case to which I call your attention in connection with the subject of hernia, is also one that illustrates the advantage of not opening the sac, not using cathartics immediately after the operation, and not considering a case hopeless though the patient is almost moribund before you commence your operation.

Dennis B., aged 30, a tailor, was admitted on the 2d of March, 1857, at half past four, P.M., with an inguinal hernia on the left side. He stated that he had been the subject of hernia for the last twelve years, but that he had had no trouble with it till five days previous to his admission, when he could not return it.

Symptoms of strangulation appeared on the second day, that is, on the 27th of February, in the form of stercoraceous vomiting.

The hernia, fortunately for him, had not been interfered with previous to his admission. I say fortunately, for the great fatality which attends the operation for strangulated hernia in hospital practice is mainly to be attributed to well-meant, but most injurious, persistence in the use of the taxis, before they are sent to the hospital as a *dernier resort*. He had taken a little medicine given him by a chemist, but without its being productive of any result.

When admitted, he appeared to be in almost a dying state. His pulse could scarcely be felt at the wrist; his countenance was haggard and anxious; he could scarcely answer any questions, both from inability to understand and difficulty in articulating.

The tumor, which was about the size of an egg, was tense, and tender to the touch, but the skin was not discolored. Ice was applied in the first instance, but this, in his semi-conscious state, he endeavored to remove.

When I first saw him, shortly after his admission, I soon found that the sac was far too tender to admit of any continued attempt at reduction by the taxis, and I dared not touch him with a knife, as I thought the loss of even a few drops of blood would extinguish the feeble flame of life, which was then flickering in the socket. I ordered him some brandy, to be given every ten minutes or quarter of an hour; and I saw him again in a couple of hours. He had now rallied; the pulse had become tolerably distinct, and he was a little more conscious. Under these circumstances, I determined to operate. The operation might save his life; without, there was no chance. A surgeon is not justified in considering for one moment what may be the effect on his reputation if it fails.

I proceeded in the operation in my usual way: nipping up the skin and superficial fascia so as form a fold transverse to the neck of the sac. A pointed knife thrust through the fold divides it at once. The pain of such incision is much less and more rapid than the old method of cutting down on the surface of the sac. This plan, however, as I have already stated, is not adapted to cases which have been operated on before at the same spot. This incision laid bare the fascia propria, or spermatic fascia, which, being divided, enabled me to liberate the stricture without opening the sac. The wound was brought together by sutures, a pad of lint and roller applied, and more brandy was cautiously administered. About half an hour after the operation he became delirious, and was obliged to be retained in bed by force. Was ordered half a drachm of tincture of opium immediately, and to be repeated in four hours if necessary. He continued in this state till ten, P.M., when he fell asleep. Pulse fuller and softer.

March 3d.—He has slept the greater part of the night, and this morning appears to be still slightly under the influence of opium, being drowsy and his pupils contracted. Pulse much improved. Evening.—Seems a good deal better. Countenance less cadaverous; pulse still improved; does not complain of pain, but is very thirsty; takes his nourishment pretty well.

4th.—Better this morning; does not complain of any pain, and the abdomen is not tender when touched; wound looks healthy. Ordered two grains of calomel and half a grain of opium every six hours.

5th.—Going on well. There is no pain or tenderness of abdomen.

6th.—The bowels were open, for the first time since the operation, to-day—the fourth from the date of its performance.

7th.—Going on well. The bowels have been again relieved this morning.

12th.—Going on well; the wound is healing slowly, but satisfactorily.

14th.—He looks altogether much better to-day, and his pulse has much improved in power.

16th.—Seems quite comfortable this morning.

23d.—Convalescing very rapidly; the wound has quite healed.

30th.—He has now his truss, gets about the ward, and will be presented to-day.—*London Lancet*, December 19th, 1857.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Tubular Pregnancy.—In reference to the case mentioned in the last report of the Society, by Dr. Hooker, Dr. H. stated that he was guided in his diagnosis by the case of tubular pregnancy reported in April by Dr. Jackson, and which occurred under the care of Dr. Brooks, of the State Alms-House at Monson—(See *Journal*, Vol. LVI., p. 378).

It will be seen in the cases subsequently referred to by Dr. Jackson, and following that report, that this is the second instance in which the practitioner was materially aided in arrivng at a correct diagnosis, by the previous report of a similar case; a fact illustrative, as Dr. Jackson remarks, of the practical importance and benefit to the profession, of medical associations.

Dec. 14th.—*Bronzed Skin; Atrophy of the Supra-renal Capsules.*—Dr. Hodges said that a subject had been received for the dissecting-room, from one of the public institutions, which presented a very striking discoloration of the skin, at once suggesting the melasma Addisonii. The fore arms and the genitals were the most strongly marked. The spots were irregular but distinct in outline, reminding one of the changes sometimes observed in the negro. The skin of the face, legs and abdomen was also discolored, but in a less degree. The surface

of the skin was natural, not having a scaly or furfuraceous appearance. There was an old reducible hernia on the right side.

On examination, no disease was found, to account for his death. The kidneys were healthy; the capsules of half their normal size, the right weighing 36, and the left 44, grains. Their appearance was certainly not that usually noticed in dissecting-room subjects; although it cannot be said that they were diseased.

With regard to the previous history of the person, Dr. H. stated that he was from the country, and aged about 75. He was registered in the books of the institution as "insane." He was never admitted to the Hospital, as he complained of nothing but debility; but was put into the "old man's" ward, so called, and allowed to lie in bed when so inclined. He died, suddenly, at the end of one week after his admission to the institution.

Dr. H. remarked that debility and cerebral disturbance were the two most marked symptoms of bronze disease, and regretted that the symptoms of death in this case were not recorded.

Dec. 28th.—*Bronzed Skin; the Supra-renal Capsules apparently normal.*—Dr. Hodges showed the skin of the scrotum, the supra-renal capsules, and portions of the peritoneum, from a dissecting-room subject. The case was one of discoloration of the skin, similar to that above reported by Dr. H. The discoloration was not so marked as in the previous instance, except of the skin about the genitals, where it was very striking. About the face, arms and neck, it was also sufficiently marked to at once attract attention.

The subject was considered an old man at the institution from which he came, but, with the exception of gray hair and baldness, there were none of the characteristics usually noticed in old subjects. The teeth were sound; the muscles remarkably well developed and free from fat; the skin was unwrinkled, and the subject was considered a remarkably good one. Death was said to have resulted from "old age and general debility;" there being no evidence of any disease.

On examination, the viscera were found sufficiently natural, and the supra-renal capsules healthy. The discoloration of the serous surfaces figured by Addison, were well shown upon the peritoneum; the mesentery, appendices epiploicæ of the sigmoid flexure, and some parts of the peritoneum covering the anterior wall of the abdomen, being well sprinkled with black specks not unlike "fly-blows."

Jan. 11th, 1858.—*Cancer of the Breast, from a nursing Woman.*—Dr. J. M. Warren showed the specimen, which displayed the ducts filled with milk.

Dr. W. said that the patient labored under an accumulation of misfortunes seldom falling to the lot of one person. She had been confined to her bed for a fortnight, from the excessive pain and constitutional disturbance of the cancer. She was in a starving condition. She was nursing one child, and six months gone with another. Her husband was in a consumption; and the day after she entered the Hospital her eldest son was brought in with a fractured leg. The operation was, in a great measure, a palliative one, and thus far had afforded her entire relief. Some facts of this woman's history are interesting, and, at his request, Mr. Stickney, the surgical house pupil, had put them together.

Catherine McKenly, aged 42; is of large frame, and says she was

strong and robust, and never had a sick day until the present time. Had been in America 23 years. Came over from Ireland when 19 years old, and during her nineteenth year menstruated for the first time, the periods recurring regularly up to her first pregnancy. Was married four years after her arrival in this country, at the age of 23, and, in eleven months after, gave birth to twins. Had been married nineteen years in June next; had borne fifteen children, and is now six months advanced in pregnancy with her sixteenth.

The first pair of twins she nursed two and a half years, and, in about a week after, gave birth to another pair. These she nursed at once, and continued to do so for about the same length of time (two and a half years). Three of these children are now dead. The fourth, who was the most weakly, and of the first pair, is still alive, and now in Ward 29, on account of a fracture of the left leg.

She does not remember that she has ever, at any time, had her breasts entirely free from milk, since the first birth; and at this moment she has a small quantity in the left breast—having weaned her babe but two days before she entered the Hospital. Says she has invariably nursed each child till the birth of its successor. Does not recollect having menstruated but two or three times, in all, since being married.

Eleven children have died, and the four who are living are not very robust, probably from surrounding circumstances. Three died from hydrocephalus; one, from scalding with water; one, from measles. The cause of death of the other six, she cannot state.

During all this time, she has obtained a living by days' work from home: frequently paying another woman twenty-five cents to care for her child till her return at night.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.
CHARLES D. HOMANS, M.D., SECRETARY.

[*Imperforate Rectum.**—A male child, 3 days old, had passed nothing from its bowels since its birth. Its abdomen was distended, the skin was yellow, and there was some vomiting.

The anus was normal; the little finger could be introduced to the distance of about three-fourths of an inch, when it encountered an obstacle which prevented its further passage.

Operation.—An exploring needle was passed in by Dr. H. G. Clark, the consulting surgeon, to the distance of an inch above the termination of the cul de sac. This was followed by the discharge of gas through the canula. The opening was immediately dilated by bougies of different sizes up to that of a common catheter, and meconium was freely discharged. The dilatation was followed up by Dr. Moore, and the child was well in one week.]

June 27th, 1857.—Dr. Buck reported two cases of *Erysipelas following Vaccination.* They were novel to him, and might be interesting to the Society.

In March last, he vaccinated a child a few weeks old, and at the end of a week a good vesicle had formed; there was no areola. He charged some quills, and supposed that everything would go on ac-

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* This case of Dr. Moore having been inaccurately reported on page 510, of our last volume, is here reprinted in a corrected form.

cording to the rule. The third day after this, the child was attacked with erysipelas about the pustule, which soon involved the whole arm, and extended to the chest, running its course very rapidly. Death ensued on the eighth day from the time when the disease was first seen. He vaccinated several children with matter taken from this child, and they all did well.

On the 4th of the present month, he vaccinated a healthy child, also a few weeks old, and on the seventh day charged his quills. Nine days after this, the sixteenth day after the vaccination, erysipelas appeared on the arm, ran down the chest, abdomen and the legs; this patient is now recovering. He also vaccinated several children with lymph taken from this case, and no trouble had as yet ensued.

There was no case of erysipelas in the houses where either of these children were living, and no predisposition to this disease, as far as he knew, in either of the families to which they belonged. These are the only cases of the kind Dr. Buck has ever met with.

Dr. Hodges referred to the report of two cases of *Hydrocele treated by the red oxide of mercury*, printed in the Extracts from the Records of this Society, in the last number of the Medical Journal. This mode of treatment was first recommended by Mr. Lake, of London. Since those two cases were reported, Dr. Hodges had had occasion to try this method. After the fluid had been withdrawn, about five grains of the red oxide were pushed through the canula by means of a probe. The inflammation which followed was not greater than that generally produced by the injection of iodine, but salivation ensued on the fifth or sixth day. The hydrocele was cured. This accident had not been mentioned in the reports of any of the cases which Dr. Hodges had seen. The red oxide of mercury was formerly a favorite application to ulcers, and was not generally followed by salivation.

Dr. Buck stated that, thirty years since, he had been in the habit of frequently using this preparation of mercury as an application to ulcers, but he had never seen salivation as a result of it.

Dr. Hodges thought the large absorbing surface of the tunica vaginalis a sufficient explanation of its occurrence in the case on which he had operated. He considered it an important fact to remember, as it had not been mentioned, so far as he knew, as an accident likely to occur.

Dr. Buck asked what advantage there was in the use of this drug over the tincture of iodine.

Dr. Hodges considered its greater convenience its only recommendation. A surgeon could carry it about with him much more easily than a bottle of the tincture of iodine and a syringe. He thought, however, that he should not try it again himself.

Dr. M. C. Greene reported a case of *fungous growth from the navel*. The cord had sloughed off from an infant a week after birth, leaving a point of ulceration about the size of a pin's head. This immediately began to increase, and Dr. Greene was called in ten days after its first appearance. It was then about six lines in diameter, and eight in height. Astringents and caustics seemed to have no effect upon it. A ligature was applied, and in two days all was well. There was occasionally hæmorrhage. He had never seen a case of the kind before.

Dr. C. G. Page had met with an instance of the same affection,

which, after a similar treatment, was followed by recovery. In this case, also, caustic and astringent applications seemed to be of no benefit.

Blighted Ovum.—Dr. A. B. Hall reported the case and exhibited the specimen. The patient from whom it came away considered herself as in the fourth month of pregnancy. She had been confined eighteen months previously. Saturday evening, she was taken in labor, and a hydatid cyst was soon thrown off, which would contain perhaps two ounces of fluid. On Sunday morning, six hours later, the mass on the table was thrown off, and the labor was finished. The specimen was about the size of a cocoanut, consisting apparently of the fœtal membranes. It was an empty sac, the walls at one part being much thickened; their structure at that place resembling that of the placenta. A rupture existed nearly opposite this portion, through which Dr. Hall supposed the hydatid had passed.

Bibliographical Notices.

The Principles and Practice of Obstetrics, including the Treatment of Chronic Inflammation of the Uterus, considered as a frequent cause of Abortion. By Henry Miller, M.D., Professor of Obstetric Medicine in the Medical Department of the University of Louisville. Philadelphia: Blanchard & Lea. 1858. 8vo. Pp. 624.

This work differs from many others on the same subject in being more the result of the author's own observation and experience than a reproduction of the discoveries and opinions of others, though he has been by no means unmindful of the latter. His field of study has evidently been large, and he has been a diligent and enthusiastic inquirer. In addition to the usual subjects comprised in a treatise on midwifery, the work contains a chapter on the clinical exploration of the female sexual organs, and one on the symptoms and treatment of abortion, which Dr. Miller considers to be caused, in many cases, by ulceration of the cervix uteri. In accordance with this opinion, he enters fully into the details of the local treatment of this affection by means of the speculum. The author is a staunch advocate of the views of Dr. Bennet, and is an equally warm opponent of Dr. West on the subject of the frequency of the existence of ulceration, and on the effect of this lesion in producing miscarriage, and the various symptoms ascribed to uterine disease. We do not coincide with Dr. Miller in all his views, but we think the practical part of his work sound and useful, and can cordially recommend it to the student. It is got up in very good style. For sale by Ticknor & Co.

Materia Medica and Therapeutics; with ample Illustrations of Practice in all the Departments of Medical Practice. By Thomas D. Mitchell, A.M., M.D., Professor of the Theory and Practice of Medicine in the Philadelphia College of Medicine, &c. &c. Philadelphia: Lippincott, Grambo & Co. 1850. 8vo. Pp. 738.

This work, which contains the substance of the author's lectures on Materia Medica, is of an essentially practical character. The sub-

jects are arranged in alphabetical order, and contain but a "small amount of dry details on the natural, botanical and chemical history of articles," which, says the author, but one in a thousand will take the trouble to read. The articles are generally brief, but in many instances contain useful practical details with reference to the effect of the drugs, or their mode of administration. For sale by Shephard, Clark & Brown.

Transactions of the Twelfth Annual Meeting of the Ohio State Medical Society, held in the City of Sandusky, June, 1857. Sandusky: printed by Henry D. Cooke & Co. 1857. 12mo. Pp. 226.

This volume is chiefly filled with reports of committees on various subjects: obstetrics, surgery, medical literature, uterine diseases, &c. Dr. John G. Kyle has contributed a paper on the Veratrum Viride, in which he praises the drug as a powerful sedative, and a valuable remedy in acute affections, such as rheumatism and pneumonia. An elaborate communication on the medical topography, meteorology and diseases of Sandusky, was read by Dr. R. R. McMeens. The report of the Committee on Obstetrics begins with an entertaining history of the state of midwifery practice among the primitive settlers in Ohio. Several other papers of value are included in the volume, which as a whole is highly creditable to the Ohio State Society, though we could wish the Committee on Publication had revised some of the manuscript entrusted to their hands, and at least translated a few of the expressions into the English language. It does not sound very professional to hear a physician say that he "*drawed* off water once through the night"; and the following is nearly incomprehensible to us: "There seemed to be great need of some calorificient and se. I commenced the use of turp. nix., comp. gum sago, cor. am. lan. c. s. turp. and laud., small dose every four hours, intending to alternate with minute doses of cal. and D. pwd. 1-2 gr. C. to 1 gr. D. P.," &c. This is only a small portion of what the patient took, but she recovered—from puerperal fever.

The volume is handsomely printed, and makes a very neat appearance.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 4, 1858.

THE SALE OF POISONS.

We have more than once called attention to the importance of a law regulating the sale of poisons to irresponsible persons, and we hope that the present legislature may deem it worth while at least to inquire into the expediency of some such measure, with a view of preventing suicide and murder, which crimes are really now committed with ease, since any person may procure laudanum, arsenic, or any other active poison, simply by paying for it. The subject was again forced on our notice a few days since, by a case in which a young woman nearly accomplished her purpose of self-destruction, through the inconsiderate-

ness of an apothecary, who sold her half an ounce of laudanum without the slightest hesitation. Fortunately the patient had taken a full meal before swallowing the laudanum, and as medical assistance was at once obtained, her life was saved, though with difficulty, as it was only by threats that she could be induced to take the repeated emetics which were necessary to evacuate the stomach.

We need a law which renders the purchase of active poisons for criminal purposes more difficult than it now is. They ought never to be sold at retail without a prescription from a physician. At least they ought never to be sold to a person applying alone; he should be required to be accompanied by a friend knowing the nature and effects of the article purchased, and a registry should be kept containing the names of the purchaser and witness, the date, the name and quantity of the drug sold, with the alleged purpose for which it is to be used.

It is one of the inconveniences of our form of government that it is difficult to enact laws for the preservation of human life, or to execute them when enacted. It is thought that we have a right to commit murder or suicide, provided we choose to abide by the consequences; to prevent the sale of poisons or other means of destruction is considered as infringing on the liberty of the subject. In older countries the case is different; in France or England poison cannot be bought at retail except under restrictions similar to those we have named above. But while we are waiting till experience shall make us wiser, would it not be worth while for the apothecaries to take the matter into their own hands, and refuse to sell active medicines without a physician's prescription, or at least without requiring the presence of a witness to the sale? We do not see how they could lose anything by adopting this precaution, except the few cents they would gladly forfeit to prevent a crime; on the contrary, they would gain the esteem of the community, and would, no doubt, find an increased amount of patronage. We believe that these means, or similar ones, are adopted by some of our best apothecaries; humanity demands that they should be adopted by all.

THE SYDENHAM SOCIETY.

We lately referred to the affairs of this Society, and expressed the hope that the benefits accruing from it, or from a similar organization, would be still continued to the profession. Conversation with the "Local Secretary" here, Dr. Salter, has put us in possession of the facts relative to its present condition and future prospects; and it is nearly certain that not only will the Society be maintained, but that its usefulness will be decidedly increased. The leading British medical journals have something to the same effect in their late issues, and there seems to be a wish to sustain a well-managed association of this kind. To our mind, most of the books which have been published under the old and now defunct administration are valuable, and well deserve a place in all medical libraries. Surely the works of Hippocrates, Sydenham, Harvey, Hewson, Louis, Simon, Wedl, Rokitansky, Kolliker, Romberg, Prochaska, Dupuytren, Velpeau, Kuchenmeister, and others of the list, are such as no medical man would willingly be without. On the whole, we think the Society has been successful and judicious; if it be true that more practical works are *now* desirable, it is no less so that those already presented to the members have a great and per-

manent value, and that it would be a matter for regret had they not been furnished. Even the *Lancet*, which has shown a somewhat bitter feeling toward the Sydenham Society from the very first, hardly becoming a journal of so high a tone, whatever be the motives actuating the demonstration, has lately very properly insisted upon the advantages to be derived by medical students and practitioners from a study of the older authors, and has named, amongst such, several of the writings supplied by the Society of which it has professed to think so slightingly. It were indeed well did the members of our profession, and especially the younger men, oftener turn the leaves of those rare old works which "young Physic" is too apt to term musty and dry. Instead of merely skimming the surface of the periodical literature of our art, and trusting solely to *Braithwaite* and *Ranking*, let them oftener ponder the Fathers of Medicine; it will be a more lasting "*retrospect*," and they will derive from them a more effective "*abstract*." Let us not be understood as under-rating the above-named valuable collections of medical facts and opinions; there is no need to neglect *them*, but a place may fitly be given to the others. No reader, and especially no student, can rise unimproved from a perusal of Sydenham; and we do not believe the most progressive practitioner would be injured by a peep into the volumes of old Paul of Ægina, nor could it harm him to read the remarkable account of the Epidemics of the Middle Ages, by Hecker—for issuing which last work the Sydenham Society have been sneeringly censured. We say then, that, whilst such a society should see that the majority of its publications are those which may wholly advance our *practical* knowledge, a sprinkling of such as are more general is highly appropriate. Especially might some which are historical of medical science be wisely chosen. We do not believe that one student—scarcely one practitioner—out of every hundred, knows anything about the *history* of the profession he has adopted; and the same is true for the proportion of them who know anything of the valuable old writings, some of which we have enumerated.

The *British and Foreign Medico-Chirurgical Review*, for January, 1858, speaks as follows in relation to the Sydenham Society. "That the late Society has conferred a great boon upon the profession of this country, there can, we think, scarcely be a doubt; and while it is very possible that the time had arrived at which its regeneration was desirable, and at which it became necessary that such an association should be guided by somewhat different principles from those upon which the Council have hitherto proceeded, we are equally confident that the class of literature which has been rendered accessible to the profession of this country by the agency of the old Sydenham Society, has tended much to elevate the scientific status of its members."

After stating that the old Society often contemplated publishing "more modern and more strictly practical works" than the majority of theirs were, the *Review* expresses the hope that the difficulties which prevented the execution of such intentions, may be overcome by the new Sydenham Society. A number of gentlemen, it appears, have already met for the purpose of "re-constituting themselves" into such a Society, and a *Prospectus* has been offered, designatory of their plan, from which we quote the titles of a few of the volumes proposed:—Marx's "Life of Paracelsus," translated from the German; He-

bra's work on Diseases of the Skin, with atlas of plates, &c.; Gooch "On the More Important Diseases of Women"; Pirogoff's "Surgical Essays"; "Diday on Hereditary Syphilis," with annotations; a collection of facts upon Bronzed Skin and Diseases of the Supra-Renal Capsules; Dieffenbach's "Operative Surgery," with annotations; Heberden's "Commentaries"; "The Fathers of British Surgery," being selections from the works of Wiseman and others; "Modern Military Surgery," &c. &c.

This list promises well, and we cannot but hope that when the new organization is effected, not only all the old subscribers will remain, but a legion of new ones be added; and we would earnestly advise those who have hitherto been members in the United States, to adhere to their membership; and those who have not, to keep their eyes open for the moment when the new books shall appear, and remember the wisdom of speaking for everything desirable, *in season*. With the *Review* from which we have extracted the above paragraphs, we cry, "*Le Roi est mort, vive le Roi!*"

Dr. Treadwell's Bequest.—Mrs. Dorothy, widow of the late Dr. John Dexter Treadwell, and mother of the late Dr. John Treadwell, of Salem, having deceased on the 29th ult., a large amount of the property left by her son reverts to Harvard College, for the establishment of a professorship of physiology. We have already printed the conditions of the bequest, which are such as, in our opinion, hardly to make it available to the College. We hope that the Corporation will decline the trust, in which case it will go the Massachusetts General Hospital, where it is greatly needed.

Another Death from Chloroform.—A gentleman by the name of McChesney died suddenly in Toronto, February 1st, in a dentist's chair, after taking chloroform for the purpose of having teeth extracted.

Health of the City.—The total number of deaths the past week is 67, being 16 less than during the same week last year; there were then 23 deaths from scarlet fever to only four this season. In both years there is a remarkable preponderance of deaths amongst *males;* there being, in 1857, 55 males to 28 females, and in 1858, 45 males to 22 females. Another point worthy of note is, that there is the identical number of deaths, in both years, at the corresponding periods, of children under 5 years, and of adults between 20 and 40 years. Of the former the number is 32, of the latter 13.

MARRIED,—In this city, Jan. 26th, Dr. John E. Blake to Miss Elizabeth S. Gray, both of Boston.—Jan. 27th, Dr. James Shepard to Miss Laura Stevens.

DIED,—In Hopkinton, N. H., Jan. 25th, suddenly, Dr. Ebenezer Stevens, formerly of South Boston.

Deaths in Boston for the week ending Saturday noon, January 30th, 67. Males, 45—Females, 22.—Bronchitis, 1—inflammation of the brain, 2—congestion of the brain, 1—cancer (of the œsophagus), 1—consumption, 16—convulsions, 4—dysentery, 1—dropsy, 1—dropsy in the head, 2—debility, 1—infantile diseases, 3—puerperal disease, 1—scarlet fever, 4—typhoid fever, 2—gastritis, 1—hip disease, 1—inflammation of the lungs, 2—congestion of the lungs, 1—marasmus, 2—measles, 3—palsy, 1—peritonitis, 1—pleurisy, 1—rheumatism, 1—disease of the spine, 1—suicide, 1—teething, 4—thrush, 2—unknown, 4—whooping cough, 1.

Under 5 years, 34—between 5 and 20 years, 8—between 20 and 40 years, 13—between 40 and 60 years, 7—above 60 years, 5. Born in the United States, 54—Ireland, 10—other places, 3.

State Inebriate Asylum.—The New York State Inebriate Asylum has organized its Board by electing Hon. Benjamin F. Butler, of New York, as President; Hon. T. McCoun, of Oyster Bay, Vice President; Hon. Josiah B. Williams, of Ithaca, Second Vice President; Hon. Reuben H. Walworth of Saratoga, Hon. Washington Hunt of Lockport, Hon. Ransom Balcom of Binghamton, Hon. Edward A. Lambert of Brooklyn, and J. Edward Turner of New York, as the Committee on Location. The amount already subscribed to the fund of the Asylum is nearly fifty thousand dollars. Among the subscribers are more than 800 physicians, more than 90 judges, upward of 400 clergymen, and 1,500 merchants. The largest medical petition that has ever been presented to any Legislature for an appropriation, has been sent to the New York Legislature in behalf of this object. More than 1,300 physicians have memorialized that body in regard to the importance and necessity of the institution.

U. S. Marine Hospital, St. Louis, Mo.—The statistics for the year 1857, of this institution, to which Dr. W. M. McPheeters is Physician and Surgeon, show that there were admitted and treated 1,230 patients. Of which number 1,106 were discharged, 70 died, and 54 remained on hand at the close of the year. The prevailing diseases were as follows:—Intermittent, remittent and typhoid fevers, 262; pneumonia, bronchitis and pleuritis, 88; phthisis pulmonalis, 17; acute rheumatism, 89; erysipelas, 19; diarrhœa and dysentery, 91; ophthalmic affections, 30; fractures and dislocation, 35. The remainder were made up of miscellaneous medical and surgical affections.—*St. Louis Med. and Surg. Journal.*

Medical Appointment.—Dr. Thomas S. Powell, of Sparta, Geo., has been elected to the Professorship of Obstetrics and diseases of Women and Children in the Atlanta Medical College, to fill the vacancy occasioned by the resignation of Dr. Jesse Boring.—*Ib.*

Drs. Elmer and Reuben's Hand-Book of Practice.—It was not possible for us to notice in the proper place the Physician's Hand-Book of Practice, which is advertised this month, but vary from our custom, to speak of it here, because it is always desirable to begin the year with such a register. Although in the general idea all such publications agree, this differs materially from all that we have seen in several particulars. For instance, there are nearly a hundred pages containing a classified list of diseases, and another of remedies, but the paper is so fine that it occupies little space. Another feature is a record intended to keep, in a condensed manner, an account of the symptoms and treatment of the most interesting cases under the practitioner's care. Both of these are valuable additions, and their arrangement is skilful. Use alone can demonstrate its adaptedness to each individual, but we think it will be found useful and convenient.—*American Medical Monthly.*

Glycerine in Dysentery.—Dr. J. Daude, of Marvejols, in France, praises the effect of glycerine in dysentery. He has employed it with success in several cases during a severe epidemic of that disease, giving it in enemata or by the mouth. As an enema Dr. Daude recommends a fluid ounce, in five fluid ounces of a decoction of linseed or of bran, which should be given twice daily. For a potion, one fluid ounce and a half may be mixed with three and a half fluid ounces of water and orange-flower water, equal parts—and of which a large spoonful is to be given every two hours.—*Union Medicale.*

Florogene, the active principle of the apple-tree bark, has been used by some of the physicians of Cincinnati, and they report flattering success. Dr. March, of that city, has been very enthusiastic in its support, as a substitute for quinine; also Dr. James bears like testimony. They say if any of their friends desire to test it, it can be found at Dr. Chapman's, and that it is desirable as a matter of economy. The doctor also prepares a fluid extract of florogene, which he regards as a preferable remedy, given in teaspoonful doses.—*Transactions of the Belmont* (Ohio) *Med. Society.*

The New Jersey Lunatic Asylum has received 1,230 patients since it was opened, 429 of whom were treated last year. Of the whole number, 750 have been discharged cured or improved.

THE

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CASE OF CROUP, IN WHICH TRACHEOTOMY WAS PERFORMED.

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

ALEXANDER D., two years and seven months old, began to have cough and harsh respiration on the 1st day of January, 1858. I first saw him at 5, A.M., on the 4th. During the morning of the 3d, he had taken several drachms of hive syrup, without experiencing any effect. During the night of the 3d, after seven o'clock, he took, in divided doses, ninety grains of powdered ipecac and four grains of calomel, but without any attempt to vomit. When I first saw him, his voice was husky, the respiration difficult, more particularly the expiration, but there was no cough. The muscles of the neck and chest were in very strong action. There was considerable lividity of the surface. Auscultation gave a peculiar loud hissing sound all over the chest. He was constantly changing his position. The tonsils were quite red, and free from lymph. The back of the pharynx was completely lined with lymph, which also covered the epiglottis. The whole surface, so far as possible, was at once thoroughly cauterized with solid nitrate of silver, which produced retching and vomiting, during which false membrane and much mucus were rejected. At 10, A.M., he seemed better. There was very much less difficulty of breathing, and he was more quiet. I sponged out his pharynx with oil at this time, and again in the afternoon, removing a considerable quantity of membranous matter and mucus.

Toward night, the respiration became very much labored, and the pulse very rapid and occasionally intermitting. For twelve hours he had taken five grains of chlorate of potassa and one grain of iodide of potassium, hourly. The medicine was stopped at 7, P.M. Except when examining or operating upon his pharynx, he did not cough at all. The difficulty of respiration increasing, the pulse being feeble and more decidedly intermitting, the lividity growing more marked, at 11, P.M., with the assistance of Dr. J.

M. Phipps, I opened the trachea, just below the cricoid cartilage, beginning the incision below, and cutting four rings of the trachea from below upward. The trachea-tube was too large for insertion, and the inner tube only was introduced, and secured with tapes about his neck. The rolling and rising of the trachea, during his attempts to breathe, rendered it impossible to enter the knife until a tenaculum was thrust into it, with which Dr. Phipps held it securely. The instant the trachea was perforated, air rushed in, with the same sound that one hears, at a *post-mortem* examination, on perforating the pleural cavity. Previous to introducing the trachea-tube, some shreds of lymph were drawn out from below the incision. Not more than two or three drachms of blood were lost. Ether was administered before the operation. Immediately after the operation, he fell asleep, and we left him soon after midnight.

Jan. 5th, 5, A.M.—Saw him again. Still asleep. He remained comfortable during the day, waking now and then, and drinking milk and water. Could not count his pulse, because he was so much excited by my presence. Dr. Calvin Ellis saw him at 10, A.M. 6, P.M.—Breathing rapid and very difficult. Removed the tube, and with great exertion he blew out, through the opening, about a drachm of slightly bloody membrane. Introduced a double tube. 9, P.M.—Asleep, and breathing very quietly. Has rejected shreds of lymph by the mouth. He coughs through the tube, and vomits whenever I undertake an examination. If the tube be closed, no air passes the glottis. Has taken milk and water freely all day.

6th, 10, A.M.—Drs. George H. Gay and Phipps saw him with me. Appears well, and breathes with perfect ease through the tube, which has been cleansed three times during the night. 10, P.M.—Asleep. Respiration 28 in a minute.

7th.—Doing well. Refuses liquid food, evidently fearing it to be medicine. Eats fruit.

8th.—Removed the inner tube myself. Much cough just previous and subsequent to the removal, apparently the effect of fear. Expectoration frothy. Has eaten several small cakes of gingerbread.

9th.—Appears quite well. The expectoration is mucus, stained with blood. Exchanged the tube for a new double one, with a slot on the upper back side. No air passes the glottis when the tube is closed.

10th.—Dr. Ellis saw him again. Has a good appetite and sleeps well. On closing the tube, his effort to breathe forces air through the glottis with difficulty, and with a rattling sound.

11th.—Appetite good. Breathing through the tube very easy and quiet, but, upon closing it, there is great distress.

12th.—Up and dressed. Closure of the tube causes excessive dyspnœa and cough, which is accompanied with a flapping sound.

15th.—Appears well. Not able to dispense with the tube, though air passes the glottis on closing it.

17th.—Respiration on closing the opening, after removal of the tube, which it had become necessary to re-adjust, very harsh, and attended with much cough and inclination to vomit.

19th.—Can breathe moderately well with the tube closed, but I did not deem it expedient to remove it. Purulent discharge from the wound rather profuse. The flange at its extremity is irritating the neck very much.

21st, 1, P.M.—Asleep. Corked the tube. He was much alarmed, and began to cough and cry *audibly*, for the first time. Breathing very hoarse, but without apparent difficulty. Removed the tube, and left the wound open.

22d, M.—The opening in the trachea has nearly closed. A little air only passes when he cries or coughs.

23d.—No air passes the wound. Scab forming over it. Voice feeble and hoarse. Respiration perfectly easy.

28th.—Consider him well. Nothing peculiar observable, except that his voice is hoarse and feeble.

In the case above related, no medicine was used from the time of the operation. The pleasant result of it is undoubtedly to be attributed to the fact that the operation was performed as a means of treatment, and not as a last resort. I have seen a sufficient number of fatal cases of croup to feel certain that a persistence in medication would have been useless. The state of the patient's skin, his inability to vomit, the absence of cough, and the intermittent pulse, made me doubt whether his nervous system were not too much depressed from the first, to warrant much probability of success. In addition to this, there was some difficulty in keeping up respiration, which came on some five minutes after the trachea-tube was inserted. This may in part have been caused by the etherization. Without ether, it would not have been possible to operate. The free use of cold water upon the abdomen and chest by sprinkling, had more effect than anything else in exciting the respiratory act, although the "ready method" was resorted to.

PRONUNCIATION OF MEDICAL TERMS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING observed, during the period of my medical studies, a remarkable want of uniformity among medical men in the pronunciation of many common words, I have been led to make a list of a few of the more important, in order to try them by the usage of the best authorities. Hoping they may not be wholly without interest to your readers, I have ventured to submit a short vocabulary, with the pronunciation of each word indicated by the proper accent, &c.

Mistakes in the quantity of vowels, and, consequently, in the place of the accent, are of very frequent occurrence. The following words have the penult *long*, and the accent, of course, falls upon that syllable.

Abdo'men,	Eri'ca,	Seque'læ,
Albu'men,	Hysteropto'sis,	Sarco'ma,
Anemo'ne,	Icthyo'sis,	Scolio'sis,
Asthení'a,	Impeti'go,	Seca'le,
Myasthení'a	Juga'lis,	Sina'pis,
Bary'ta,	Legu'men,	Tinctu'ra,
Cica'trix,	Leuco'ma,	Trache'a,
Coni'um,	Mediasti'num,	Umbili'cus,
Cotyle'don,	Oppo'nens,	Ure'ter,
Datu'ra,	Paracente'sis,	Vagi'na,
Duode'num,	Pemphi'gus,	Verru'ca,
Ecthy'ma,	Pletho'ra,	Verti'go,
Ephe'lis,	Porri'go,	Vibi'ces,
Epu'lis,	Pruri'go,	Vitili'go,

The following words have the penult *short*, and throw the accent back upon the antepenult.

Æsthe'sia,	Hæmop'tysis,	Pel'lagra,
Anæsthe'sia,	Hyoscy'amus,	Puden'dagra,
Alve'olus,	Hypochondri'asis,	Pur'pura,
Apo'cynum,	Ic'terus,	Psori'asis,
Are'ola,	Junip'erus,	Pharyn'geal,
A'sarum,	Menin'geal,	Primi'para,
A'tropa,	Metas'tasis,	Pil'ula,
Cer'ebral,	Men'tagra,	Ran'ula,
Cer'vical,	Modi'olus,	Re'trahens,
Chole'dochus,	Nucle'olus,	Ric'inus,
Dias'tasis,	Obs'truent,	Rose'ola,
Ec'zema,	Osteogen'esis,	Rube'ola,
Elephanti'asis,	Pal'pebra,	Scleri'asis,
E'mesis,	Pari'etes,	Satyri'asis,
Hæmate'mesis, &c.	Parthenoge'nesis,	Trichi'asis,
E'nema,	Pityri'asis,	Vari'ola,
Glu'teal,	Po'dagra,	Vo'mica.

When several vowels come together, it is a very common practice to run them together, in pronunciation, even when they are written with the diæresis; *e. g.*, aloës is pronounced as if it were a word of only *two* syllables,

Aloës, Allantoïs, &c.

It is a very common error to clip off the final syllable from words ending with the vowel *e*—thus hydrocele is pronounced as if it were a word of three syllables instead of four. So, also,

Entocele, Hæmatocele, &c.

The double consonant *ch* does not always receive its proper hard sound in Greek and Latin words; *e. g.*,

Catechu, Chenopodium, Colchicum, &c.

The enclosed list is not a very long one, but I believe it contains a majority of the words which are habitually pronounced wrong by members of the medical profession.

A Medical Student.

CLINICAL LECTURE ON INFLUENZA.

BY W. T. GAIRDNER, M.D., PHYSICIAN TO THE ROYAL INFIRMARY, AND LECTURER ON CLINICAL MEDICINE, EDINBURGH.

I invite your attention to-day to a subject of great importance, and very directly suggested, not perhaps by any one case now in the wards, but by a combination of circumstances which you have witnessed during the last fortnight. It is to the prevalence of certain diseases in our hospital wards, which, taken collectively, amount to the proof of an epidemic morbid tendency; that is to say, which show, by the extent and manner of their diffusion, the existence of a morbid influence operating temporarily upon the population at large. I cannot, indeed, show you in the wards a single typical case of this epidemic disorder, as it is seen so frequently outside, unless it be that of the woman just admitted into the fever ward. But, although I cannot place before you the ordinary forms of the epidemic (because these are commonly too mild to be admitted into hospital), I can show you its accidents and complications in sufficient number to furnish a text for some remarks on its nature and prevalence.

You may recollect that, at the beginning of the month, we had very few acute cases of disease, though there were many interesting chronic cases, chiefly of abdominal affections, and almost all of organic diseases. The few acute cases that we had were fevers, and these almost all of one kind, viz., enteric typhus, about which I may have more to say at another time. Now, on the other hand, the wards are crowded with more or less acute cases of disease; and most of these diseases are of the chest. Let me enumerate a few of them.

There is the case of the woman already noticed as having been admitted to the fever ward. She is a healthy-looking young woman, who has been occupied as a domestic servant. She was seized, a few days ago, with shivering, succeeded by headache, pains in the limbs, sickness. Along with these there was a certain amount of catarrh, which has now settled (not very severely, however) upon the chest. The fever is now intense, and very much out of proportion to the severity of the catarrh. Headache persists, the skin is hot, the tongue loaded, the color dingy, and the general aspect of the patient certainly goes far to justify her being sent to a fever ward. Nevertheless, I believe it will turn out not to be a case of fever, in the ordinary acceptation of the

term; but of the current epidemic—which I will take the liberty of calling, if it has not already been called—*Influenza.*

Had this been the first case of influenza presented to my notice, it might have passed for one of continued fever or typhus. But even then I should have remarked its singularly abrupt invasion, the great amount of prostration in this early stage, the extreme severity of the headache and articular pains, as being rather out of character in any fever to which we have lately been accustomed. Knowing what I do of other cases, I have no doubt these symptoms are owing to influenza. The only question is, whether this woman may have influenza and fever combined. This question must remain open for the present.

Now, by considering this a case of catarrhal fever, or of feverish cold (if you like to call it so), in relation with the other facts to which I shall allude presently, you will draw for yourselves the picture of the epidemic, as we have it.

The first indication we had of anything out of the usual course was, perhaps, that downward tendency of several of our cases of phthisis, which, you will recollect, I remarked to you more than a fortnight ago. It does not always happen that cases of phthisis are the first to show a tendency to influenza, and, in this instance, it may have been a coincidence; but it is a curious coincidence, that, when we had picked out four cases of phthisis as fit subjects for trying the new remedies—the hypophosphites of lime and soda—and had noted them carefully for that object, three out of the four should have been seized with acute symptoms, within a short period of our commencing the novel treatment. I told you at the time, that I had no reason to blame the remedy for this result, and that it was probably a mere coincidence; I am now disposed to believe that it was one of the first manifestations of the morbid influence of which we have since seen so much.

[Two of these patients have since died; one went out relieved; another survives, considerably enfeebled, but without acute symptoms.]

On the 11th of November, we saw together a case in the female general ward, of very old-standing chest disease, apparently emphysema of the lungs, in which acute symptoms had supervened, and the patient appeared to be in extreme danger from respiratory oppression, with feverishness and bronchitis. Under a very simple treatment, this woman is now improving; but her case is, no doubt, one of the epidemic in a debilitated subject.

Shortly before this case was admitted, a boy was brought to the waiting-room screaming with pain, which he referred to his left side. He was also very feverish. He had not much catarrh, but auscultation left us in no doubt that there was a degree of dry pleurisy on the left side, and also a friction sound, not so well marked, over the pericardium. Under moderate leeching and opi-

ates, he was soon convalescent; but the respiratory friction sound continued loud and characteristic, and we have detained him in the ward mainly for your benefit. I had some doubts, at first, whether this boy had not suffered perforation of the lung; but it was not so. I do not say it was a well-marked case of influenza, but I mention it by the way.

The next case was that of a boy from the Industrial School, who had gone through a distinct attack of feverish catarrh before we saw him. The traces remained in the form of bronchitis of the smaller tubes, or rather, I suspect, a tubercular condition of the lung, with bronchitic signs. This boy has probably had an unsound chest for some time. He is better, however; indeed, nearly well.

About this time, I thought it right to pay a visit to the Industrial School, as I had seen several cases of feverish disorders from thence, which the head-master sent up for my inspection. I found thirteen or fourteen boys smartly ill with cold of the head or chest, and several of them plainly very feverish. Coughs resounded on every side; and squill mixture, with paregoric and ipecacuanha, were greatly in demand. None of the cases were, however, dangerous.

On November 14th, I directed your attention to a very acute case of bronchitis, or broncho-pneumonia, admitted two days before. The fever was very intense on admission, but had quite subsided, before you saw the patient, under the treatment by considerable doses of tartar emetic, employed by Dr. Yellowlees from the commencement. The patient, a young girl of seemingly sound constitution, recovered rapidly—the large doses of tartar emetic being replaced by a simple cough mixture, with small doses of antimonial wine, after the lapse of about 48 hours; as soon, indeed, as the fever showed signs of retreating. No other medicine was required in this case.

Very different was the result of treatment, or rather of the neglect of treatment, in another case in the same ward. A young woman, the mother of a family, was seized with acute bronchitis, and lay many days neglected. She was then seen by Dr. Watson, who, after blistering the chest and administering some internal remedies, sent her into the hospital. In this case, seen by us only at an advanced stage, the fever had assumed a hectic character. Occasional flushes overspread the face; there was marked dyspnœa and lividity; sweating was very severe every night, and sometimes in the day; and prostration very considerable. She has since had acidulous drinks, antispasmodics and opiates, and is better; but her convalescence is very slow, fever is not subdued, and I greatly fear that the seeds of tubercular disease have been laid in this case. She flushes whenever she is spoken to, and is very nervous. [This patient was lately dismissed, as she felt it neces-

sary to go home to her family; but she is very unfit for household duties, and will probably be so for some time.]

Two other cases of chronic catarrh, with acute exacerbation, were admitted into the male ward, and were seen by you on November 18th. Both of these were street-porters, and men above 60 years of age—by no means temperate in their habits. I will not, however, dwell upon them.

The same day, November 18th, brought under your notice, for the first time, two extremely interesting cases of acute disease, having the imprint of the epidemic tendency.

One of these was a case of acute pneumonia, or pleuro-pneumonia, in a previously healthy man of 28 years of age. The disease had run a course of many days previous to admission, having begun in symptoms altogether like simple influenza, succeeded, at the end of a week, by pain in the right side of the chest and difficulty of breathing, with shivering fits. We found the whole lower lobe on the right side more or less consolidated, the sputum rusty, and the fever considerable. The night of admission, before treatment had been well begun, pain occurred on the opposite (left) side, at the lower part; and this aggravation was attended with a pulse of nearly 140 in the minute, at one period, and with respirations between 50 and 60 in the minute. So soon, however, as the tartar emetic began to take effect, these symptoms subsided; and next day we noted the pulse at 78, and the respirations at 32, the skin cool and moist, and the general state quite satisfactory; though a certain amount of dull percussion, with some consonating râle, existed at the lower part of the left lung, and the physical signs on the right side were unchanged. In another day, the line of dull percussion in the right lateral region was lower by an inch and three quarters, and from this period the convalescence may be said to have begun. The operation of the grain-doses of tartar emetic here was most prompt and satisfactory; and, as the fever and dyspnœa have entirely subsided, the pulse being 72 and the respirations 26 in the minute, I am of opinion that we may now suspend the remedy, and leave the cure to be completed by nature. [The convalescence was uninterrupted. The patient left on 2d December, perfectly well.]

The other case which we saw for the first time on the 18th, was that of a woman in the fever ward. This patient, a domestic servant, aged 28, of rather corpulent habit, always enjoyed good health till a fortnight ago. At that time she was seized with pains in the head, back, and limbs, with a feeling of lassitude and exhaustion, which confined her to bed for three or four days; but at the end of that time she was somewhat better, and tried to resume her ordinary work—to very little purpose, as in a day or two more she took to bed again, and has been feverish ever since.

I believe that this case is one of enteric typhus, or typhoid fe-

ver as it is often called. I make this diagnosis, however, chiefly on the ground that certain rose-colored spots, which you saw me mark on the skin yesterday, bear a strong resemblance to the characteristic eruption of that fever. Should these spots continue to appear, we shall feel sure of our diagnosis; although there is at present *not a trace of abdominal complication, and all the more prominent symptoms are thoracic*, so that there is little doubt the epidemic tendency is showing itself strongly in this woman. There are, in fact, the following very formidable symptoms:—great acceleration of the respiration; dingy lividity of countenance, with flushed cheeks; small and very frequent pulse; considerable pain in the chest, not localized; some delirium; and I have little doubt that some peculiar form of broncho-pneumonia is present, as there is a scanty sputum, deeply tinged with purple blood, and we find, on examination, limited dulness on percussion, together with consonating respiration and râle in both backs, at the lower part of the lungs. It is easy to see in this case enteric fever, complicated with influenza, and with very serious, though ill-defined, acute disease of the lungs—a very ominous conjunction, and all the more so as the debility of the patient forbids the employment of active remedies, and we must confine the treatment to regulated stimulation. I must say, that the state of this woman appears to me perilous in the extreme.

[The sequel of this case justified our fears. On the 21st she was visited, on account of my unavoidable absence from town, by Dr. W. Begbie, who marked out additional rose-spots, thus removing all doubt as to the diagnosis. The chest symptoms, however, still predominated; there had only been one stool, and that a natural one, since admission; and there was no pain or tenderness of the abdomen to any appreciable extent. On the night of the 21st a very loose stool was passed, containing blood. Another followed next day, and another the succeeding night, the blood being in large quantity, notwithstanding the application of ice to the abdomen, and the administration of acetate of lead, with opium, internally. On the 23d, at visit, she was manifestly sinking. She had been very restless and delirious, and had three other stools, largely composed of blood. The tongue was dry and brown, and the pulse almost imperceptible. There was no additional embarrassment of breathing, and I did not examine the back; but over the right front there was marked dulness on percussion, with feeble tubular respiration and consonating râle. She died on the morning of the 24th.

Post mortem examination showed numerous enlarged and congested patches of Peyer in the ileum, in a state of ulceration and sloughing; with enlarged, congested and softened mesenteric glands. The lungs were in an extremely curious and almost indescribable condition; the right lung almost entirely devoid of

air, flaccid, evidently collapsed, but showing throughout, on section, much congestion, and here and there patches of hæmorrhagic condensation; the bronchi loaded with mucus deeply stained with blood. In the left lung there was a good deal of collapse at the base and root; but, on the whole, not much disease. In neither lung was there anything like ordinary hepatization, and the pleuræ were quite smooth, and free from exudation. The spleen, as usual, was large and soft.

It is worth noticing, that the nurse of the ward, a most careful and attentive person, was under the impression that this patient was menstruating two or three days before death, and that the patient herself had a similar impression. The examination of the uterus and ovaries showed that this impression was erroneous. The mucous membrane was pale throughout; a gelatinous mass of mucus occupied the cervix uteri, and there was no recent corpus luteum. It is evident that the stains of blood from the bowels had led to a mistake in this particular.]

The only other case worth mentioning in illustration of the epidemic tendency, is that of a little girl, admitted on the 19th, as she has been several times before, on account of disease of the heart. She has, I think, a contracted mitral orifice; and with this there is associated, at present, a great deal of lividity, with feverishness, and marked prostration of strength; the consequences, no doubt, of influenza acting upon organs predisposed to disease. I should think badly of this case if I had not seen it before; but this girl has repeatedly got over attacks considerably worse than the present in a very short time. She has all that elasticity of constitution which appears to be the exclusive endowment of youth; and she is in every respect a very good and hopeful little patient. [She recovered in a few days.]

Let me now review these facts. Here, within the space of less than a fortnight, you have seen admitted into our wards (with an average population under 40) no fewer than 11 cases of febrile disease, associated with pulmonary symptoms of one kind or other. Most of these, no doubt, were complicated cases, and only one of them could be called simple influenza. But this is because simple influenza is usually too rapid and too mild a disease to be admitted to an hospital. We see here, not the disease, but the consequences and complications of the disease. In private and in dispensary practice we see the disease itself.

[Of these 11 cases of chest affection,

1 was double pleuro-pneumonia;

1 was pleurisy and pericarditis;

2 were very acute bronchitis, or broncho-pneumonia, in one with a probable tubercular complication;

1 was sub-acute bronchitis, certainly with tubercular antecedents;

3 were sub-acute bronchitis, supervening on old emphysema of the lungs;
1 was sub-acute bronchitis, supervening upon old valvular disease of the heart;
1 was enteric typhus, with very acute pulmonary complication; and
1 was influenza, pure and simple.]

While we have been watching these cases together, I have seen many, and heard of many more, cases of the simple and ordinary form of the disease. Not a few of yourselves have had it, and two or three have been seriously ill. Most of the cases that I have seen, however, have been remarkable for the sharpness and suddenness of the attack, and not less so for the rapidity of the passage from a state of feverish prostration to convalescence. I have found a man with a pulse of 130 at night, and next day he has been up and about. This, of course, only happens with sound constitutions. In one or two instances, it has appeared to me that an emetic, given in time, has anticipated or cut short the attack. Certainly it has been followed by great relief. For the rest, the bed, or, in mild cases, the sofa, restricted diet, laxatives where required, and liberal doses of opium where there is much restlessness and exhaustion, seem to me to comprise all the necessary treatment of ordinary cases of influenza, even when severe. In the complicated cases no rule can be laid down. Some are very amenable to remedies, others run their course in spite of treatment. You have seen illustrations of both kinds in these wards.—*Edinburgh Medical Journal*, January, 1858.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Dec. 14th.—*Large Encephaloid Tumor arising from the inside of the Stomach. Symptoms comparatively mild.*—The specimen, with the following history of the case, was sent by Dr. F. S. Ainsworth, and exhibited by Dr. Jackson.

Mr. S., aged 55, was born and lived in Paris, France, until the last ten years; he was a stove-maker by trade, and of regular habits; temperament bilious; of full habit, and even inclined to corpulency. In 1836, he began to be troubled with a sense of oppression whenever food or drink was taken into the stomach, occasionally amounting to a severe pain. This usually lasted two or three hours during the entire course of his disease. Never experienced any sickness at the stomach, and never vomited. Bowels costive, and he suffered severely from hemorrhoids. Skin pale, but without any yellow or straw-colored tinge. About the month of June last, the gastric symptoms became more severe. There was more pain after eating; the diluted wine or

lager beer, which he drank occasionally, produced so much distress about the stomach that he abandoned their use, as well as that of coffee, tea and chocolate. Thirst became constant, and he was in the habit of drinking very thin milk-and-water gruel in large quantities; this, as well as the small quantity of food taken, produced severe pain in the stomach for several hours after eating. About the first of September, he began to emaciate; had fever at night, followed by profuse sweating; complained of constant uneasiness in the epigastric region, augmented by fatigue and by lying on either side; but he continued to work until the last of October.

He was first seen by Dr. A. on the tenth of November. He was then pale and much emaciated; skin free from any yellow tinge; pulse 84; tongue slightly coated about the edges, but moist. On examination, a large tumor was distinctly felt, filling the entire epigastric region, and extending three or four inches below the ribs upon the right side. There was little tenderness on pressure, and the tumor was not defined above the walls of the abdomen. No œdema of the extremities. Urine high-colored, and left a slight cineritious deposit, but was found, on examination, to be in a healthy condition. The patient complained of no severe pain, but constant uneasiness (*malaise*) about the stomach, and great sense of weakness. There was little appetite, but food was relished. There was dull pain after eating, with sense of fulness and oppression; and this was equally the case with liquid or solid food, stimulating soups or simple milk and water. There was no nausea nor vomiting. Bowels somewhat costive, but dejections of natural color and consistence. There was occasionally hurried respiration.

Nov. 17th.—The tumor was now projecting from the abdomen, and its surface was covered with rounded elevations. The gastric symptoms were more severe, and he took no food but thin gruel and flaxseed tea. There was no acute suffering, and no nausea. Bowels moved easily by slight doses of castor oil, and the dejections were somewhat dark-colored, but otherwise natural. Death took place Nov. 28th, apparently from general exhaustion.

It is remarkable that such extensive disease of the stomach should have been unattended by any of those symptoms which usually accompany it—there having been no nausea nor vomiting, and no bloody dejections from breaking up of the fungous growth; nor even clay-colored stools or œdema from such extensive disorganization of the liver.

The liver was very greatly enlarged, and contained great numbers of soft encephaloid masses, that were extensively infiltrated with blood. A portion of the organ was shown to the Society. From about the middle of the small curvature of the stomach, and toward the anterior face, there arose from the inner surface of the organ a perfectly-defined tumor, four and a half inches in length, two and three-fourths in width, and one in thickness, considerably lobulated, of a very dark color, and less soft than the masses in the liver. Otherwise the organ was of about the usual size, and quite healthy. Externally to the small curvature of the stomach there was disease of the lymphatic glands, and, to some extent, of the cellular tissue: and yet, so particularly was the disease located in the inner coats of the organ, that the corresponding external surface was almost healthy; the mus-

cular coat being, to a considerable extent, perfectly healthy beneath the tumor.

In regard to the symptoms in such a case as the above, Dr. J. thought that there was often a comparative latency of the disease; owing to the healthy condition of the rest of the organ and especially of the orifices.

Dec. 14th.—*Veratrum Viride; its Influence in reducing Arterial Excitement.* Dr. Coale remarked that he had tried this remedy with marked success in several instances, and was disposed to attach to it a high value in certain cases attended with great arterial excitement. He thought it superior to digitalis, inasmuch as it is more reliable.

He had used it with great benefit during the past year in one case of pleurisy, two of pneumonia, two of phthisis, and one of disease of the heart; also in a case of great irritability of the heart. In repeated instances the pulse was reduced from 100 to its normal standard. The preparation he had employed was the fluid extract, of which he gave in the dose of from six to nine drops.

In one of the two cases of pneumonia alluded to, that of a child, one or two drops were added to the cough mixture, adding much to its efficacy.

In reply to Dr. Cabot, Dr. C. stated that this medicine produced no noticeable effect upon the urinary organs.

Dr. Hooker said that he had employed this remedy in cases of acute rheumatism, accompanied by great arterial excitement, with much relief to the patient, and with the effect, in some cases, of shortening the duration of the disease.

Dec. 28th.—*Melanotic Growths upon a discolored patch of Skin.*—Dr. Jackson showed the specimen and gave the following account of the case, which he had received from Dr. Wm. Mack, of Salem.

The patient was a tailor, aged 44, and of sufficiently good general health. From his earliest recollection, and probably from birth, he has had a very defined, lozenge-shaped, brown patch of skin, equal in extent to about ten square inches, upon the lower front part of the abdomen on the left side. The color of the patch was not perfectly uniform, but somewhat mottled: being quite dark near the edges. In every respect, excepting the color and a greater sensitiveness to friction, this portion of skin seemed healthy; being neither thickened, rough, hairy, adherent to the parts beneath, nor the seat of any abnormal sensation.

About eight months ago, some irritation came on in the discolored patch, in consequence, as the patient thinks, of rubbing it somewhat hard after bathing; and he could feel some small masses in it, which gradually formed prominent, rounded, button-shaped tumors, the edges projecting over the base. Up to the time of the removal of the diseased patch, there had been no pain nor uncomfortable sensation in it—except such as would be accounted for by the friction of the clothes, &c. About a fortnight ago, an enlarged inguinal gland was discovered.

The patient consulted his physician, Dr. Cox, in regard to his case last April: and for six weeks various local applications were used; but since July nothing has been done, except that the patient has himself removed five of the tumors by ligature, they having become so prominent as to annoy him. About two and a half weeks ago, Dr. C.

snipped off a sixth tumor of the size of a horse-chestnut, that had been partially cut through by ligature, and which occupied the locality of the larger tumor in the specimen. A small artery was tied after this operation; and with this exception, there had not been the least disposition to hæmorrhage. The scars left after the removal of the tumors were somewhat lighter, in regard to color, than the surrounding surface; the tumors arising from portions only, and not from the whole surface of the discolored patch.

The diseased part was easily removed. Two small vessels only were tied; and about ten days after the operation, as Dr. J. was informed by Dr. Mack, the wound was nearly healed, and almost entirely by the first intention.

The specimen, which was in a fresh state, showed portions of the originally discolored patch that had not yet become diseased. Other portions were more or less rough from the disease; and there arose from the surface one dark brown, well characterized, melanotic mass, 1½ by 2 inches in diameter and half an inch in thickness. Disease apparently confined to the skin. Surface inflamed, as is shown by a pretty extensive exudation of lymph.

Dr. J. said that, though Mr. Paget remarks in his *Surgical Pathology* (p. 610) that "the proneness of melanoid cancers to grow first in or beneath pigmentary moles is very evident," he was not aware that a case had been observed here before. And in reference to any connection that may be supposed to exist between the choroid coat of the eye and melanosis, he showed, at a subsequent meeting of the Society, one of Cruveilhier's plates (*Anat. Path.*, liv. xxxix., pl. v.), in which was figured a large mass of melanosis, immediately about the globe of the eye, the interior of this last being entirely free from the disease. Two cases of melanosis, also, had occurred here, in which the tumor grew from the very front of the eye, and as if from the cornea; the organ itself, in each case, being otherwise apparently healthy.

Jan. 11th.—*A case of "Acephalous Fœtus," in which some of the Abdominal Organs were found in the Posterior Mediastinum, and a portion of Intestine had passed through an opening in the bodies of the Vertebræ so as to appear upon the back.* Dr. Jackson showed the specimen, which he had received from Dr. Galloupe, of Lynn, and which presented, for the most part, the external appearances usually seen in this form of monstrosity. In consequence, however, of the great extent to which the spine was affected, there was an entire absence of the neck. One of the fingers was strongly and permanently flexed, and some of the others were perhaps similarly affected. Length of the fœtus 12½ inches, and weight about 2½ pounds.

In the thickened mass of pia mater, and toward the left frontal bone, there was something like a serous cyst, one third of an inch or more in diameter, and near it a trace of brain. In the place of the pituitary gland was a pretty distinct, rounded and rather firm body, about the size of the "gland," and which, as Dr. J. remarked, he had several times found where there was no other trace of brain. The spinal marrow terminated, apparently, in the membranes, and rather abruptly immediately above where the integument of the back ceased to be formed. The extension of something like cuticle, over the arachnoid surface, was seen as usual.

In the roof of the mouth there was the appearance, so often seen,

that would lead one to think of fissure of the palate ; and in the uvula there was a trace of the bifid condition that is not infrequently complete in these monstrosities. The par vagum nerve was of full size, on each side, as it usually is, however completely wanting the brain may be ; and the other nerves in the neck and thorax were sufficiently developed, so far as examined. The lungs were small, and very imperfectly divided into lobes. Heart well ; superior vena cava not found.

The posterior mediastinum seemed to be the seat of a large, elongated tumor ; and, on dissection, was found to contain the stomach, the whole of the small intestine, excepting the portion that had passed through the vertebræ, the pancreas and the spleen, with a little supernumerary addition to this last. The œsophagus was large, and, of course, quite short. The stomach was of an elongated form, and about two inches in length ; it received the bile-duct near one extremity, and the intestine arose from the other, near the opening of the œsophagus. The small intestine was about thirteen inches in length ; and the portion that had passed through the opening in the vertebræ, appeared upon the back, and just above where the integuments ceased, as a mass about as large as the top of the thumb : this portion not having been measured after it was withdrawn. A diverticulum arose from the protruded portion of intestine, four inches from the stomach, and one inch in length. Before dissection, the protruded intestine was invested by a membrane about as thick as the spinal theca would have been, and to which it was somewhat adherent ; there were, also, close and pretty general adhesions of the intestine within the mediastinum, though the serous surface about the stomach was sufficiently free.

The diaphragm was fully developed, there being a small opening only near the spine, through which the intestine passed. Renal capsules exceedingly small, as usual in the acephalous fœtus. Large intestine about eight inches in length. Kidneys and pelvic organs well. Testicles in the groin.

The skeleton having been partially prepared, the following appearances were observed. Cranium as usual in an acephalous fœtus (see Catalogue of Society's Cabinet, Nos. 766–74). Wings of the vertebræ separated to the eleventh dorsal, inclusive. Antero-posterior curvature of the spine such that the two halves of the posterior portion of the occiput rest directly upon the wings of the sixth dorsal vertebra. Bodies of the three last dorsal vertebræ well formed ; that of the ninth triangular, with the apex upward. The bodies of the other vertebræ are formed in about equal lateral halves, quite regularly in the dorsal portion, but in the cervical they are more imperfectly developed. These lateral halves are then separated, and an opening is the result, which is nearly half an inch in diameter. About in the situation of the first vertebra the two wings seemed to be connected in the recent state by a narrow cartilage.

The following facts in regard to the case were communicated by Dr. Galloupe. Parents belong to the laboring class. The mother had had two children previously, and had aborted at the third month, with twins ; all well formed. Motions of the child felt in the last as in other pregnancies. Labor at 7½ months. Quantity of liquor amnii *very* large. When first seen, the cord was hanging from the vagina, and without pulsation. Knee presentation. Child stillborn.

"The following is the account given by the mother of the *cause* of the deformity of her child.

"She went into the yard (she then lived in the State of Illinois) to pick up some chips; on stooping down for that purpose, she saw a snake at her feet, with head erect, and making a hissing noise peculiar to that animal. She uttered a scream, placed both hands on her chest, and ran into the house, where she fainted. The *instant* she saw the snake, she thought her child was doomed to be marked with the reptile on the breast, where she placed her hands. This idea has constantly been in her mind since, and could not be got rid of; she *has tried* frequently to forget it, or disbelieve it, but did not succeed in doing either. She sometimes dreamed of snakes, and on one occasion dreamed her child was born with the lower half like a snake, and the rest natural. Some days succeeding her first fright, she saw the snake again, but it does not appear that her *fears* were changed in any way by this circumstance. The reptile was then killed, and it proved to be (what is there called) a *racer*, about four feet long. Not long after this, she saw, and was much frightened by, a rattlesnake, but her feelings and fears were not modified by this fact.

"The idea that her child would be 'marked,' as above mentioned, has caused her much anxiety, and she *often* spoke of it to friends, and especially her mother."

In connection with this case, two of Cruveilhier's plates (*Anat. Path.*, liv. xix.) were shown, in which is figured a protrusion of some of the abdominal organs into the left pleural cavity, and a bifid condition of the bodies of the vertebræ, but none of the organs had passed through the opening thus formed; nor had Dr. J. found any case in the work of G. St. Hilaire (*Anom. de l'Organisation*) like the one above reported.

Dr. J. remarked upon the statement by Cruveilhier that, in the case described by him, there were found no traces of the posterior portion of the occiput. The head was drawn very far backward, the parietal bones were largely developed, and there was, of course, very little room for the posterior portion of the occiput. There were, however, two flat bones, about the size of the finger-nail, one upon each side, and connected with the lateral portions of the occiput, the temporal bones and the wings of the vertebræ. These bones had not then been designated by Cruveilhier (pl. v., fig. 5) and Dr. J. felt quite sure that any one who would examine the skeletons of the monstrosities in the Society's collection, would be convinced that they were the bones in question.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 11, 1858.

DIET IN TYPHOID FEVER.

A PAPER on the Epidemic of Typhoid Fever in Paris during the months of August and September last, read lately before the *Société Médicale des Hopitaux*, by M. Hervieux, gave rise to a discussion on the question of the proper time and manner of giving nourishment to patients

with this disease. The eminence of those who took part in the debate, and the importance of the subject, is our excuse for making a few remarks upon it.

While the medical treatment of typhoid fever has, in common with that of most acute diseases, undergone great changes within the last thirty years, the amount of food, and the manner of giving it, have been also considerably modified. The relative proportions of medicine and food have been reversed. Formerly much medicine was given, and the patient was starved; now he takes but little physic, and is perhaps in danger of eating too much. How much this change is owing to the prevalence of an asthenic type in all diseases of late years, calling for a tonic, supporting, or stimulating treatment, and how much it is to be ascribed to more rational views on the subject, and to that improvement in therapeutics which is the natural consequence of the progress of pathology and other departments of medical science, it is no part of our purpose to inquire. It is enough that such a modification has taken place in the treatment of all diseases, and in every part of the civilized world.

There is no little judgment required to know when to commence giving food to a patient in typhoid fever, and to know what kind of diet to prescribe. All agree that the strength must be supported by suitable nourishment, that the risk is great in withholding food when the patient begins to feel some desire for it, when the tongue begins to clean, and the pulse loses its frequency; but shall we from the very first administer nourishment, or shall we wait until the fever "turns," to use a popular expression? If the patient refuses to swallow any food, shall we make him take it, by threats or any other means in our power? To these questions, different practitioners will give different answers, and hence we are not surprised to find a variety of opinions expressed in the discussion in the *Société des Hopitaux*.

According to M. Barth, who introduced the subject, if the diet is too rigid, at first, the stomach is unable, subsequently, to digest anything; if solid food be given too early, there is danger of accidents afterward. We know that the cicatrization of the intestinal ulcerations is often incomplete, even when convalescence has begun, and perforation sometimes occurs as a consequence of the ingestion of too great an amount of food. M. Trousseau insisted upon a sufficient diet during the first three weeks; after that period, he considered that a large amount of nourishment was dangerous. MM. Blache and Barthez both urged the great importance of sustaining the strength in children in the early stages of this disease by suitable nourishment, but the former thought that, during the period of decline of the fever, extreme caution should be observed not to allow too much food to be taken. M. Barthez, however, asserted that children who were sufficiently nourished during the early stages, did not experience any inordinate appetite in the later periods of the malady, and that such management prevented the occurrence of accidents during convalescence. He found it a good plan to offer the patient beef-tea or milk, from the very beginning of the fever, but to enjoin it after the eighth or tenth day. M. Bouchut recommends ptisans only for the first week; when the rose spots make their appearance, or in cases of prostration, he allows his patients beef-tea: and broths only at the end of the second week, if the tongue is cleaning, and the pulse less frequent.

The effect of too much abstinence during this disease, is sometimes manifested by vomiting, both of the substances swallowed and also of green bile. In such cases, according to M. Legroux, instead of beef-tea or broth, the patients should be allowed roasted or boiled meat; sometimes the vomiting will be allayed by ham, or cheese, which are often craved by the sufferers.

Toward the close of the discussion, M. Cahen, after urging the utility of a nourishing diet in the commencement of this disease, inquired if any gentleman present had ever known any accidents, and if so, what, in consequence of the early administration of food in typhoid fever. No reply being made, M. Cahen said, "those who allow a sufficient amount of nourishment from the commencement of the disease declare unanimously that they have obtained satisfactory results from it; in opposition to your opinions we offer our own, and to our facts you oppose nothing." These views of M. Cahen coincide, we believe, with those generally adopted in this country, certainly in New England. They are similar to those set forth by Dr. Hooker in his valuable Report, on the Diet of the Sick, to the American Medical Association. But Dr. Hooker goes beyond this; he urges the necessity of compelling the patient to take a certain amount of solid food at the usual hour of his meals, with the view to encourage the natural action of the digestive organs "by a cautious continuance or imitation of the regimen customary in health." No nutriment, liquid or solid, is allowed between the meals, and no drink except small quantities of cold water. After the action of the digestive organs is regulated, the nutrition of the system is to be attended to; simple, dry, farinaceous food is the best diet for several days, then meat should be allowed with dinner, and afterward with breakfast. "As the appetite and digestive action are best sustained by frequent change, different kinds of meat, fish, &c., both fresh and salted and variously cooked, should be used successively."

It is a little remarkable that no particular allusion should be made to the use of wine in the treatment of typhoid fever, either in the discussion in the *Société des Hopitaux*, or by Dr. Hooker. Perhaps this omission may be accounted for by the circumstance that wine and other stimulants are sometimes included under the head of medicine. Of its utility, and even necessity, in many cases, no one who has had much experience in this disease can doubt.

THE HYPOPHOSPHITES OF LIME AND SODA IN PHTHISIS.

Although we have but little faith in a specific treatment for pulmonary phthisis, we were struck with the report of a memoir read by M. Churchill before the Imperial Academy of Medicine at Paris, on a new theory respecting the pathology of this disease, and with the success of the treatment which the author claims to have attained. According to M. Churchill, the immediate cause, or, at least, an essential condition of the tuberculous diathesis is a diminution in the economy of the amount of phosphorus existing in a state capable of oxygenation. The specific remedy for the disease consists in the employment of some preparation of phosphorus which offers the double condition of being immediately assimilable, and at the same time of being in the least possible degree of oxydation. The hypophosphites of soda and

lime are the preparations which appear to best unite these two conditions.

These salts may be administered indifferently, in doses varying from two to forty-five grains daily. The maximum dose usually employed by Dr. Churchill is fifteen grains daily for adults. According to him they have an immediate action on the tuberculous diathesis, causing all the general symptoms to disappear with a rapidity truly marvellous. When the morbid deposit is recent, when softening has only just begun, or is not rapid in its progress, the tubercles are absorbed and disappear without leaving a trace. If the disease is of longer standing, and the softening has considerably advanced, it sometimes continues, in spite of the treatment, and the issue of the disease depends upon the anatomical condition of the lesion, upon its extent, and especially upon the presence or absence of complications.

M. Churchill thinks that the hypophosphites act in two ways: on the one hand, they reinforce the principle, whatever it be, constituting the nervous power; on the other, they are essentially blood-generating in their nature, far surpassing, in this respect, everything hitherto known. They possess in a high degree all the therapeutic effects attributed by former observers to phosphorus, without any of the dangers which have caused that substance to fall into neglect.

The number of cases of phthisis treated by M. Churchill amounts to 35, all of which were in the second or third stage, that is, with tubercles in the process of softening, or with cavities. Of this number, 9 have been completely cured, in 8 of which the physical signs have disappeared: in 11 cases there was great improvement, and 14 have died. One is still under treatment.

We sincerely hope that further experience will confirm the statements and opinions of M. Churchill.

Damages for delivering Stramonium instead of Hoarhound.—An action was recently brought against a druggist in New York to recover damages for negligence and carelessness in selling to the plaintiff stramonium instead of hoarhound, which he took and was made so ill by it as to be confined to his house for several weeks. A verdict of $250 was rendered for the plaintiff.

Health of the City.—The number of deaths from consumption last week (25) was quite large. There were 8 deaths from pneumonia, and 6 from "dropsy in the head." Thirty-two deaths were of children under 5 years of age, and 29 of persons between 20 and 40. The total number for the corresponding week of 1857 was 89, of which 15 were from consumption, 8 from pneumonia, and 30 from scarlatina.

Married.—In Salem, 3d inst., Henry Wheatland, M.D., to Miss Mary Catherine Mack.

Died.—In Milford, 28th ult., Dr. Alexander Scammel, 49 years, 6 mos.—In New York city, 1st inst., Dr. J. W. Schmidt, 48.

Deaths in Boston for the week ending Saturday noon, February 6th, 83. Males, 46—Females, 37.—Inflammation of the brain, 2—congestion of the brain, 1—cancer, 1—consumption, 25—convulsions, 3—croup, 2—dysentery, 1—diarrhœa, 1—dropsy, 3—dropsy in the head, 6—debility, 2—diabetes, 1—infantile diseases, 2—puerperal, 3—erysipelas, 1—typhoid fever, 2—scarlet fever, 2—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 8—congestion of the lungs, 1—disease of the liver, 1—marasmus, 2—measles, 1—old age, 1—pleurisy, 2—scrofula, 1—syphilis (congenital), 1—teething, 1—tumor, 1—unknown. 1—whooping cough, 2.

Under 5 years, 32—between 5 and 20 years, 4—between 20 and 40 years, 29—between 40 and 60 years, 9—above 60 years, 9. Born in the United States, 51—Ireland, 27—other places, 5.

Glass Letters and Numerals for Physicians and Druggists.—The American Druggists' Circular, of New York, gives an account of a new kind of lettering to be affixed to window-panes, fan-lights, glass cases or doors, &c., which, while intended for the use of persons in all kinds of business, seems particularly adapted for physicians and others who do not make use of large wooden signs over their doors. The letters are cut from the finest plate glass, with highly-burnished gold at the back, the edges bevelled and polished. These are attached by cement to the glass of the window, door or case, and are represented as elegant and durable, and offering no obstruction to the light.

Iodine as an antidote in Snake Bites, and to the poison of Rabid Animals.—Dr. Brainard, of Chicago, has for years used, and pretty clearly demonstrated, the value of iodine as an application to snake bites.

Dr. Wm. H. Mussey commenced, early in 1853, to treat wounds by rabid animals with tincture of iodine, with a view of decomposing the animal poison. His method of using it is to apply the tincture to the wound every five minutes for an hour, and then an emollient poultice, and the iodine every hour for the next ten hours, then every four hours for the next twenty-fours, and changing the poultice every twelve hours till the wound shall heal. The doctor has used the above treatment in a number of cases, with success in all. Some of the animals he has reason to believe were rabid, and some perhaps were not.

I have no doubt of the efficacy of the treatment; yet in the cases in which it was used, hydrophobia might not have manifested itself if no treatment had been instituted, as it is a disease of rare occurrence in the human, not having a greater proportion than one to twenty of those wounded by supposed rabid animals: and the proportion would perhaps be less, if the parts wounded were always protected by clothing.—Dr. Wm. Estep's *Report to Belmont (O.) Med. Society.*

Prolific.—Dr. A. Garwood, of Cassapolis, Mich., in a letter to Prof. N. S. Davis, Editor of the Chicago Medical Journal, under date of Jan. 12th, says:—"A colored lady of this county gave birth, on the 4th inst., to four children—three boys and one girl—weighing four and a quarter pounds each; mother and children doing well. These make seven children to which she has given birth in less than three years. At her first confinement she had one, at the second two, and the last four. They are very poor, and there has been a subscription circulated to buy them a cow; but if they continue to increase in geometrical progression, they will soon need quite a dairy."

New York Medical Society.—The State Medical Society, at its recent annual meeting, elected the following officers for the year:—President, Thomas C. Brinsmade, of Troy; Vice President, G. W. Bradford, of Cortlandt Co.; Secretary, S. L. Willard, of Albany; Treasurer, J. V. Quackenbush, of Albany. M. S. Perry of Boston, and S. H. Dickson of Charleston, S. C., were elected honorary members.

Lectures on Materia Medica in the University of Buffalo.—Circumstances rendering it inconvenient for Prof. C. A. Lee to give the course on Materia Medica, in the University of Buffalo, during the present session, Dr. Theophilus W. Mack, of St. Catherines, C. W., was appointed by the medical faculty to officiate in his stead. Dr. Mack has given much attention to the study of chemistry and materia medica; his proficiency in these branches, together with his large experience and scholarly attainments, render him admirably fitted to discharge with ability and success the duties of a public teacher. His lectures have been received by the class with marked satisfaction.—*Buffalo Medical Journal.*

Granular Lids.—Dr. Pitcher, of Detroit, recommends a solution of iod. zinci, from a scruple to a drachm, with an ounce of water, to be applied with a fine camel-hair brush.

The editor of the Lancet uses perchloride of iron in the same way, previously scarifying the lids.

Dr. C. S. Fenner, of Memphis, Tenn., uses internally a concentrated decoction of pokeroot—(Phytolacca decandra). From what he says in connection with it, we are disposed to think that it would be chiefly beneficial in those cases which are associated with rheumatic disease.—*Memphis Med. Recorder.*

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ON THE INHALATION OF MEDICATED VAPORS IN DISEASES OF THE AIR-PASSAGES.

BY S. KNEELAND, JR., M.D., BOSTON.

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AMONG the palliative and curative remedies in diseases of the air-passages, there are none more highly recommended by authors, and at the same time more neglected in ordinary practice, than those which are administered in the form of vapor. It would be useless to waste time in attempting to show how powerless are the usual remedies introduced into the stomach against the various forms of local pulmonary and bronchial disease, and especially against phthisis. There seems to be a fashion in medical practice, as well as in the shape of our garments; microscopic bonnets, high-heeled shoes, hoops, and the many absurdities of male and female attire, inflict their penalties upon one generation, and then are displaced by hideous forms of the other extreme, until the next half century sees them re-appear like a returning epidemic, the 17 years locusts, or Encke's comet. There is no better proof of the invincible character of a disease, than the long and ever-increasing list of remedies employed against it. Look at phthisis from this point of view, and see how the grim tyrant scorns the feeble attempts thus far made to arrest his progress. To go back within my recollection only, and within the limits of orthodox practice, we find iodine and its compounds, cod-liver and other fish oils, phosphate of lime, fusel oil, glycerine, and (the last abomination) Bourbon whiskey. These, and others of less note, doubtless were beneficial in isolated cases, and for the relief of certain symptoms; and, recommended by high authority, in turn became the fashionable or routine practice.

This brings me to the subject of *inhalation*, which is now very popular and occasionally beneficial among irregular practitioners in all our large cities. It is my purpose to show that this method of practice affords important aid in the treatment of pulmonary

diseases, and deserves immediate and careful study by all enlightened physicians. As regards phthisis, the great destroyer of life in our neighborhood, we may admit, or not, that it is essentially a disease originating in disordered assimilation and nutrition—that tonics and alteratives, stimulants and sedatives, oils and alkalies, do, or do not, alleviate many of its symptoms. I do not speak here of its nature, constitutional symptoms, internal manifestations, nor ordinary medical treatment, which may vary in the minds of different physicians; but of its external abnormal conditions, as displayed in various lesions of the mucous membrane or of cavities communicating with the air-passages, which, as far as treatment by inhalation goes, may be considered as much external as the varieties of cutaneous ulcers originating from and kept up by constitutional vices. I have no idea that inhalation can prevent tubercular disease, or can be of any special service before the softened deposit opens into the air-passages; but after the pulmonary cavities communicate externally, I see no reason why their surfaces should not be treated on the same principles as external ulcers, or, in other words, by the application of medicated vapors in the only possible method, viz., by *inhalation*. It seems just as absurd to treat such diseased states by medicines introduced into the *stomach only*, as it would be to treat an irritable or gangrenous ulcer of the ankle without external applications. These phthisical conditions of the air-passages are not only for all practical purposes external, but they present various shades of morbid tissue, analogous to the various forms of cutaneous ulcers, and therefore require close study and a proper medication, that inhalation may not aggravate instead of relieving the disease—an additional reason why this powerful method should be in skilful hands. With the present means of diagnosis, the probable condition of the pulmonary mucous membrane may be almost as well determined as in the case of external ulceration; and as the indolent, irritable, inflamed, or sloughing external ulcer requires different remedies, so the different forms of disease in the air-passages demand corresponding medicated inhalations. It is not enough to inhale a medicated vapor, as most sick persons seem to imagine; but it must be a vapor studied to suit the morbid state of the membrane or cavity. It is quite time that the medical profession took up this subject, fraught with so much relief to their patients; it is too late to deny its importance, and useless to overlook it; it must and will be tried, and it is the duty of physicians to divert its advantages from the wastes of empiricism into the channels of science. Acting on the motto, "*fas est etiam ab hoste doceri*," let every one try this system, which, I am convinced, is founded in reason and established in experience.

Inhalation for pulmonary diseases is no new thing. It has been tried for centuries, and always with advantage, even in periods

when diagnosis was very imperfect; and now, with our new lights, new remedies, improved apparatus, and powerful auxiliaries, it demands another trial—let us hope it may have such. To come down to comparatively modern times. Bennet, a London physician, published a work in 1654, entitled "*Vestibulum ad Theatrum Tabidorum*," in which he places what he calls "fumigations" among the principal remedies for phthisis, even in desperate cases. He divides them into moist and dry, calling the former "*halitus*;" and the latter "*suffitus*," applicable respectively to excessive dryness and humidity of the mucous membrane. In addition to cases of success, he gives rules for their proper administration. Rejecting all kinds of apparatus, and filling the chamber of the patient with the vapor, he remarks, that the first attempt with the dry fumigations often apparently aggravates the difficulty of breathing, and he prohibits their use within a fortnight after an attack of hæmoptysis. Several receipts are given in this work, which show that inhalation was practised then on the same principles as now, and with the same class of remedies. The three following receipts are given for moist fumigations: 1, a decoction of the roots of elecampane and sweet flag, of the leaves of hyssop, ground-ivy, rosemary and balm, with raisins and anise-seeds; 2, more emollient; composed of liquorice, leaves of colt's-foot, sage, marshmallow, and lung-wort, of the flowers of the wood-betony, and of a decoction of barley, with a few seeds of anise and fennel, boiled in a sufficient quantity of water; 3, very astringent—composed of wood of the mastic tree, leaves of the oak, myrtle and tormentil, flowers of St. John's wort, red roses and comfrey.* There are also four recipes for dry fumigations: 1, olibanum, boiled turpentine, and styrax, made into troches with mucilage of flaxseed and althæa; 2, troches made principally of gums guaiacum, myrrh, and benzoin, tormentil root, red roses and red saunders; 3, mucilage of gum tragacanth and rose-water, mixed with powdered sarcocolla, Armenian bole, ivy-gum, mastic, pomegranate flowers, with a few grains of ambergris; 4, same as the last, with the addition of the yellow sulphuret of arsenic (orpiment).

Nicolaus Piso, a French physician, whose work (published in 1580, "*De cognoscendo et curando morbos*") was much esteemed by Boerhaave, reports the case of a woman, whose occupation was heating a furnace, and who was cured of a chronic pulmonary disease (called by him "*phthisis, seu tabes*") by being obliged to breathe continually the dry heated air of the fire—a fact in favor of dry inhalations. On the contrary, about a century ago, the warm moist air of stables in which cows were kept was considered a sovereign remedy for phthisical complaints. These opposite hygienic conditions are no farther apart than are many of the *climates*

* For the old details of this article I am indebted principally to the "Mémoires de l'Académie Royale de Chirurgie," Paris, 1774.

recommended by physicians for the residence of consumptive people, and go to show that different stages of the same disease may be benefited by exactly opposite remedies, and that the best medication, wrongly applied, may be fatally dangerous. In phthisis, more than in almost any other disease, we find the truth of the Hippocratic maxim: "*Experientia fallax, judicium difficile.*"

Thomas Bartolinus expresses the greatest confidence in fumigations, which he considers the most natural way of treating pulmonary diseases. He orders the usual pectoral and healing plants to be boiled in water, according to the indications to be fulfilled, and the patient to inhale the vapors with the air he breathes. He says, "the very air will thus be a curative means, and there will no longer be any need of going to Egypt, as Galen advises; we may have all the advantages of this country in our own chambers."

Willis had considerable success in the treatment of phthisis by fumigations. He gives three formulæ for dry inhalation: 1, the gentlest, is composed of the usual balsamic remedies, olibanum, amber and benzoin, gum guaiacum and tolu, with red roses and red saunders reduced to powder; No. 2 is composed of ivy gum and olibanum, aa ʒij.; flowers of sulphur and mastic, aa ʒiss., made into troches with gum tragacanth; No. 3 is made with the same balsams, with the addition of about one third of *orpiment*. He adds, that empirics often prescribed with advantage the smoking of orpiment in a pipe, and that the common people were in the habit of cutting up pieces of the wall-paper of the wine-shops, painted with orpiment, and of smoking it instead of tobacco for pulmonary troubles, inhaling the vapors. He expresses great confidence in such inhalations in phthisis, and recommends their use, preceded by moist fumigations. Perhaps some "*Indian* doctor" may take a hint from this, and add *phthisis* to the long list of diseases curable by *un-aboriginal* poisons; he would most certainly find victims. Though the inhalation of arsenical vapors was denounced at the time as dangerous, we find this receipt in Fuller's "*Pharmacopœia extemporanea*," under the title of "*Suffitus antiphthisicus*": ℞. Mastic, myrrh, and amber, āā ʒij.; crude sulphur and orpiment, āā ʒ i.; to be made into a coarse powder to be thrown on burning coals, and the vapor to be inhaled. Orpiment was recommended by inhalation as long ago as the time of Galen.

Dr. Mead, in his "*Monita et præcepta medica*," speaking of hectic fever and phthisis, praises very highly the use of balsamic inhalations, and complains that they are too much neglected.

M. Buchoz, in 1769, published a "Treatise on Pulmonary Consumption," in which he advises a humid vegetable fumigation, to be inhaled by means of a tin cone with a suitable mouth-piece, the nostrils being closed during the operation; in this way he recommends the inhalation of the vapors of a decoction of balsamic and emollient plants. Besides those already mentioned, he uses the

leaves of veronica and agrimony, the flowers of primula, feverfew, life-everlasting, horehound, and chamomile.

About the middle of the last century, M. Billard published a memoir on the use of fumigations in phthisis, in which he prefers the dry inhalation, on the ground that this disease is most common in damp climates, like those of Great Britain, Holland, the Netherlands, and the maritime provinces of France, and the least common in drier and interior countries. He in this way explains the advantages of a residence in temperate dry climates; and he thinks that the inhalation of hot moist medicated vapors must be as relaxing and prejudicial as are damp tropical climates. Still, in asthma and in many cases of dry convulsive cough, he confesses that the moist inhalations are of great value. He gives cases of phthisis cured by inhaling an air charged with various aromatic, balsamic, and antiseptic vapors, of moderate warmth, free from acridity and moisture—a very simple, natural and cheap method of imitating the best anti-phthisical climates. His favorite vapor was obtained by melting together, in a metallic vessel, equal parts of yellow wax, fresh from the comb, and common resin, the patient breathing the pleasant aromatic air, resting quietly in bed. For the resin, he sometimes substituted turpentine, adding also Canada, tolu, and Peru balsams. He thinks the wax the most important ingredient, for its emollient and anodyne qualities, and often prescribes it alone; he advises that the apartments of consumptives be lighted at night by candles made of yellow wax, whose balsamic vapor is very soothing to the lungs. It might be worth trying, in this connection, the candles now made from *paraffine*, one of the products of the distillation of the Kentucky bituminous coal, which have an agreeable pyroligneous odor. This author recommends balsamic inhalations in diseases of the throat accompanied by hoarseness and cough, in obstinate catarrhs, in asthma, in hæmoptysis, and in all the symptoms by which phthisis ordinarily manifests itself; he anticipates the most modern treatment in this respect, and observes that, by means of proper apparatus, the vapors of wax, balsams, and resins, might be conducted to the genital mucous membranes, to the great relief of congestions, irritations, ulcers, leucorrhœa, gonorrhœa, &c.

Dr. Beddoes, in 1793, speaks of injury from the inhalation of oxygen, aggravating the cough and hectic fever, and advises atmospheric air mixed with hydrogen or nitrogen, and carbonic acid.

Sir Alex. Crichton, in 1823, met with remarkable success in the treatment of pulmonary diseases by the inhalation of the vapor of boiling tar; and many nostrums since his time have been originated on this principle.

These observations show that the old authors understood quite as well, if not better than the moderns, the advantages to be de-

rived from inhalation in pulmonary diseases. But to come down to more recent times.

Scudamore* gives the following formula for an iodine inhalation: ℞. Iodine, gr. v.; iodide of potash, gr. iij.; alcohol, ʒ ij.; distilled water, ʒ v.; and saturated tincture of conium, ʒ vi. M. Of this he directs usually two drachms as the total quantity for each inhalation; two thirds for the first half of the time, and the other third for the remainder; the period being fifteen or twenty minutes three times a day, and the vehicle, water of about 120° Fahr. If expectoration be very difficult, from fifteen to twenty minims of a saturated tincture of ipecac should be occasionally added. The best times for inhalation, he thinks, are before breakfast, before dinner, and before going to bed. The smallest dose of iodine for each inhalation is one tenth of a grain, the largest five eighths of a grain, the medium about one fourth of a grain. The inhalation at first increases the cough a little, but it soon gives relief by facilitating expectoration. It sometimes causes a thickening and irritation in the posterior fauces, which assume a dark-colored inflamed appearance, but with hardly any soreness; it commonly passes away even during the continuance of the treatment, but always if the iodine be suspended for a few days. A spongy state of the gums, without ptyalism, as if from mercury, is occasionally produced, which disappears without special treatment. Where moisture is present, iodine sublimes below the temperature of boiling water, and remains diffused in the air even at ordinary summer temperatures. Dr. Murray† prefers the iodine vapor disseminated in an apartment, by putting five grains in two quarts of water at 160°. This gives to the air somewhat the smell of the sea-beach at low tide under a hot sun, and will make a vapor so dense as to stain the clothing a deep yellow; double this quantity will make the eyes smart. In order to obtain an artificial sea-air, Laennec sprinkled some of the wards of his hospital with fresh sea-weed, and with much benefit in certain cases.

Next to iodine, as an alterative and healing inhalation, Scudamore prefers *chlorine*. This was first recommended by the French physicians, who noticed that the workmen in a factory for printed calicoes quickly recovered from any symptoms of phthisis which they had on entering; the rooms were highly charged with the vapor of chlorine disengaged during the various processes. Laennec tried this also, in 1823, by sprinkling chloride of lime in the sick room, and with partial success. Chlorine may be readily disengaged by burning chloric ether in a common camphene lamp. Scudamore obtains the chlorine from the pure aqueous solution, beginning with six minims, and renewing this quantity every three or

* On Inhalation. London, 1834.

† On Heat and Humidity, &c. London, 1829.

four minutes, until about a drachm has been used. If it produces much irritation, conium may be added. As a sedative inhalation in bronchitis or phthisis, where the irritation is very great, he prefers the following: ℞. Acidi hydrocyanici, ʒss.; tr. conii, ʒ ss.; tr. ipecac, ʒij.; aquæ rosæ, ʒ iij. M. Of this he prescribes half an ounce, divided into two portions, three times a day; or, for each inhalation, 30 minims of tr. conii, 20 minims of tr. ipecac, and 2 minims of prussic acid, adding two more for the last half of the process. Dr. Lombard, of Geneva, treats catarrh, accompanied by distressing pain and sense of weight in the frontal sinuses, by opium inhalations—sprinkling a few grains of powdered opium on a metallic plate heated in a spirit lamp, and making the patient hold his head in the fumes, which afford speedy relief. Hyoscyamus, stramonium, digitalis, and other narcotics, have been used, singly and combined, warm and cold, as sedatives for cough.

It having been observed that tanners were not liable to consumption, Dr. Murray (*op. cit.*) recommends the inhalation of the vapors from a decoction of oak bark; other astringents, vegetable and mineral, are also of service in cases accompanied by profuse and exhausting expectoration. Creosote is now much employed in this manner, and acts with advantage both as an astringent and antispasmodic, and probably also powerfully disposes ulcers and cavities in the air-passages and lungs to take on a healing process. This substance is the great "*cheval de bataille*" with the "consumption-curers," as may be perceived on putting the nose within their precincts in any of the large cities. Though much abused, it is an admirable remedy. The inhalation of ether and other antispasmodics in asthma and kindred diseases is universally and favorably known. Of the advantage of breathing demulcent vapors in croup, the well-known experience of Dr. John Ware is sufficient proof. In Part VI., 2d Series, of Dr. Simpson's Obstetric Memoirs and Contributions* (pp. 441–462), are given very interesting facts, showing the comparative immunity of wool-workers in Scotland from phthisis and scrofula and from pulmonary diseases generally. It is also shown that this immunity is in proportion to the more or less "oily" nature of the departments of work in which the operatives are engaged; the more oily the work, the more marked is the exemption from disease. The oil enters the system not only through the cutaneous absorption, but also "by inhalation through the mucous membrane of the lungs" (p. 456). The author gives rules for the external application of oil in scrofulous and tuberculous diseases, which deserve the attention of physicians; anything which promises to stay the progress of this "*opprobrium medicorum*," especially when coming from such a high authority, should at least be tried.

Any diseases which tend to enlarge the chest are said to be

* Edition of Drs. Priestley and Storer, Philadelphia, 1856.

preventives or curatives of phthisis—such are diseases of the heart, asthma, or any affection of the throat which prevents the free passage of air from the lungs, and consequently causes their enlargement. Mr. Ramadge* has met with remarkable success in curing pulmonary diseases by causing his patients to fill the chest many times a day, through tubes about five feet long and half an inch in diameter; and I think there can be no doubt of the utility of frequently inflating the lungs to their utmost capacity with pure air, as a preventive of disease. It would be interesting to ascertain if players on the cornet-à-piston, bugle, clarionet, and other wind instruments requiring long retention of the breath, are not less subject to phthisis and its kindred complaints than are the members of other trades and professions.

In connection with simple inhalations, I would repeat what was said before (Jan. 7, 1858, p. 461), with regard to the superiority of a dry steady cold, even of considerable intensity, to a warm moist air accompanied by sudden changes, as a preventive and curative of pulmonary disease. In other words, the climate of Lake Superior, Canada, or Northern Maine, I consider far preferable to the Brazils, the Indies, the Mediterranean, or the Atlantic Islands. Perhaps the cold climates might not answer for their own native residents; it is undoubtedly true, as Celsus said of the affections alluded to, that "the worst air for a patient is that which has given rise to the disease."

It has thus been seen that the results usually expected from alteratives, narcotics, antispasmodics, astringents, and expectorants, taken into the stomach for the relief of pulmonary diseases, may be more directly, speedily and effectually obtained by the inhalation of the same substances through the lungs. The chief articles, and the principles on which they are used, have been sufficiently detailed; any intelligent physician can add to the list as his cases require. Without undervaluing the constitutional treatment of phthisis—the use of cod-liver and other oils to correct the deficiencies of nutrition and assimilation—the administration of salts of lime to favor the cretaceous transformation of tubercle—or the employment of suitable remedies as general tonics and alteratives —I wish most earnestly to call more attention to what may be called the "*surgical treatment*" of pulmonary diseases. I maintain that the cavities in the lungs, and the ulcerations in any part of the air-passages, should be treated by *direct medication* to the morbid surfaces, just as much as any cutaneous lesion should be treated by external applications; and the only way to do this is by *medicated inhalations*, either of the temperature of the surrounding air, or raised to blood-heat. Diseased surfaces may in this way be stimulated to take on the healing process; and the parietes of cavities, by the constant pressure of the air-cells, enlarged

* F. H. Ramadge, New York, 1839.

by inhalation, from without inward, may be brought in contact so as to favor the formation of cicatricial tissue. Such auxiliary treatment, based on reason and experience, is, I think, a great addition to the armament of the physician in his battle with the "great destroyer."

February, 1858.

DR. GAIRDNER'S CLINICAL LECTURE ON INFLUENZA.

[Concluded from page 39.]

THE most characteristic symptoms of influenza are intense feverishness, usually with great tendency to chilliness or shivering, until the patient takes to bed, and reaction is fairly established. Then come racking headache, with pains in the back and limbs, which sometimes constitute the principal source of suffering; extreme sensation of debility; total prostration of appetite, with less of thirst than is usual in fever; and with these, coryza or mild catarrh, bronchitis, broncho-pneumonia, as the case may be. But though catarrh is frequent, and may be severe, the disease is essentially a fever, not a catarrh. Nay, the catarrh may be absent, or insignificant; not infrequently it is so. In one of the cases I saw among yourselves, there was absolutely no catarrh; in another it was very slight. And I saw two very curious cases a few days since, which enable me to put this point yet more strongly. The catarrh may, in fact, be absent in the very case in which you would, *a priori*, expect its occurrence. A gentleman, who has been long afflicted with spasmodic asthma, with intervals, however, of fair good health, and with no appreciable organic disease of the chest, came to me after he had been struggling for several days with debility and prostration, with chilliness and feverish sensations. These were with him the only manifestations of influenza. [He afterward, at an interval of ten days, had a slight cold in the head, without fever; in the meantime, his whole family sickened with feverish colds, some of them with chest affection, from which he himself remained exempt throughout.] In another case, a gentleman, who also suffers from habitual asthma and bronchitis, and in whom I suspect a morbidly enfeebled heart, sent for me in a great hurry on account of the alarming prostration, produced by this strange and inexplicable "influence." He was, however, more frightened than hurt; in a couple of days he was convalescent, and the amount of bronchitis in his case never gave me the slightest uneasiness.

Even the complications in influenza are not always of a catarrhal kind, nor even confined to the chest. Ten years ago, in connection with a great and general epidemic of influenza, I witnessed in this hospital a succession of cases such as I have never seen since

that time. In the course of a few weeks there occurred, I forget exactly how many, but upward of half a dozen cases of inflammation of all the great serous membranes conjointly—double pleurisy, pericarditis, peritonitis. Most of them were fatal; indeed, they seemed to come into the house only to die; so rapid, so incontrollable were the symptoms, that no time was given for the application of remedies, even had remedies been clearly indicated.

It is somewhat remarkable, that the great epidemic influenza of 1847–8 began at the same time of the year with the present one, almost to a week. You will find an account of it in the excellent monograph of Dr. Peacock, of London.* That epidemic, however, came upon a population wasted by typhus and other forms of fever, and not yet recovered from the famine and destitution caused by the blight of the potato, and the high prices of grain in 1845–6. Scurvy, dysentery, and fever, preceded the influenza on that occasion, and cholera followed not very long after. Notwithstanding the recent money-crisis, and the distress likely to follow among certain classes of the working population, we may hope that we are at present more favorably situated than we were ten years ago. A short time will show whether the present epidemic is to bear comparison with the last or not. Hitherto it has been of a very mild character, comparatively speaking. I have myself seen only one fatal case—a man who had been for some time in poor health, and who died of a chest complication, not very unlike that of our case of enteric fever. I do not know, indeed, that this can fairly be called a death from influenza, though I believe influenza to have been mixed up with the fatal result.

(From a Clinical Lecture on Friday, November 27th, 1857.)

Since I spoke to you about influenza a week ago, there have been only two additions to the list of acute diseases which appear to have had their origin in it—one a case of pleuro-pneumonia, admitted only two days ago, treated both before and after admission by calomel and opium, and already in process of resolution; the other a case of genuine influenza, with all the usual symptoms, and which, like the former one, was sent up to the fever ward, as lying under suspicion. I have directed her to be put in the closet, apart from the other patients; and we shall make a point of parting with her as soon as possible. So far as the wards are concerned, the epidemic does not appear to have made rapid progress this week.

I have received the Registrar-General's report of mortality in London for the week ending November 21st. It is worth while to compare the indications in this report with those derived from our own observation as regards Edinburgh. For this purpose, I have drawn up a table of those diseases whose mortality appears to be

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* On the Influenza, or Epidemic Catarrhal Fever, of 1847–8. London, 1848.

notably above the average of the season, and have calculated the existing mortality as against the corrected average of ten years. The correction I speak of is made thus:—The Registrar's table gives the mortality of each disease during the forty-seventh week of the present year, and during the corresponding week of ten previous years; from these he deduces an average, which occupies a separate column. But before you can use this average as against the numbers of the present year, you must in every case raise it by one tenth, to make allowance for the increase of population, which, it is calculated, increases by one tenth in five years.

Now, the past week has in London been one of unusual mortality *for the season;* seeing that the corrected average for ten years makes the total mortality of the forty-seventh week of the year 1211; while during the past week it has been 1382. This very considerable extra mortality appears to be due chiefly to bronchitis, pneumonia, and phthisis, to which may be added whooping cough. All of these are 20 or more in excess of the average mortality of the season; and bronchitis is in excess by the very large number of 123, showing a mortality much more than double the corrected average of the ten years. These four diseases together have a mortality 188 in excess of the average; while the entire excess of deaths for the week is only 171; the difference being, of course, made by diseases which are below the average, especially typhus, scarlatina, and smallpox, which have at present a low mortality. The other diseases which, though to a smaller extent, have contributed notably to raise the mortality of the past week above the corrected average, are—croup (with which I have included laryngitis), scrofula (the disease of the young), and apoplexy, with paralysis, the diseases of the aged; to which we may add that somewhat vague condition called atrophy (mostly infantile), and that still more vague cause of death called age. Both of these are considerably in excess; and these, with the other causes stated, go to show that the mortality of the past week in London has fallen heavily on the two extremes of life. This indeed is always the case with influenza.

But are we justified in assuming the existence of influenza as a cause of death in these cases, especially when we look to the fact, that not more than 9 deaths are recorded in all London, during the past week, as having occurred from influenza? I think we are; because we may be sure that an epidemic condition which raises the whole mortality by one seventh, which more than doubles the deaths from bronchitis, and largely increases those from other acute diseases of the chest, while the aged and the young, the apoplectic, paralytic, and consumptive, suffer out of proportion to the rest of the population—such an epidemic condition, I say, has essentially the characters attributed to influenza, by whatever name it may be called. The small number of deaths under the special head of

influenza, therefore, is only one proof out of many that the Registrar-General need not have been at the trouble of making a separate class of what he calls zymotic or epidemic diseases. The epidemic tendencies of a given period must be sought, not in any particular class, but in an intelligent consideration of the whole mortality list. Medical men are slow to report a death from influenza when it can be properly placed under any other title. It is, however, the fact (as I know from other sources), that influenza has been unusually prevalent in London.

Table deduced from the Registrar-General's Returns (London) for the week ending November 21, 1857 ; showing the rate of mortality in the forty-seventh week of the year 1857, in regard to those diseases which are above the corrected average of the same week for ten years :

	Average Mortality.	Actual Mortality.	Excess.	Excess per cent.
Whooping cough - -	33.5	53	20	58
Croup and Laryngitis	13.4	26	13	94
Influenza - - - -	3	9	6	—
Scrofula - - - -	6.5	13	7	—
Phthisis - - - -	137.6	159	21	15
Apoplexy - - - -	25.6	33	7	29
Paralysis - - - -	22.7	31	8	36
Bronchitis - - - -	103.6	227	123	118
Pleurisy - - - -	2.6	7	4	—
Pneumonia - - - -	104.2	127	23	22
Atrophy - - - -	30.6	38	7	24
Age - - - - - - -	49.6	57	7	15
All Causes - - - -	1211.4	1382	171	14

Additional Remarks, Dec. 19th.—The epidemic mortality in London appears to have attained its culminating point, in the week ending December 6, in which the mortality from all causes was 1428; from bronchitis 242, from pneumonia 129, and from phthisis 168. Considered with reference to the season, however, this mortality is by no means so much in excess as that indicated in the above table; and we may therefore possibly conclude, that the epidemic has passed its maximum in London. The next week shows a considerable decline. It is worthy of remark, that all the gentle hints and solicitations of the Registrar-General in the Weekly Reports, have not succeeded in raising the cypher of influenza above 22. In the year 1847, the stated deaths from influenza for the corresponding week were 198, those from bronchitis 343, from pneumonia 306, and from all causes 2454. The epidemic of 1847–8 was, therefore, immensely more fatal than the present one, so far, at least, as we have hitherto gone.

It appears from the returns of the Registrar-General (London) for the quarter ending September, 1857, that the mortality from

acute diseases of the chest was considerably below the average during the past autumn. It began to exceed the decennial average, however, in the month of October; and during the latter weeks of that month and the beginning of November, the increase was considerable, although not such as to give a decidedly epidemic character to the mortality. It was only in the second week of November that the total mortality began to be decidedly in excess of the decennial average.

In Scotland, the Registrar-General's returns show a very large advance on the mortality from pulmonary diseases during the month of November, 1857, as compared with the preceding month. Thus, in October, the deaths from bronchitis in the eight principal towns of Scotland were only 76, while in November they were 151, or *almost exactly double*. Pneumonia in the same period increased from 53 to 76; while phthisis has only advanced from 212 to 228. The increase, as regards bronchitis, is most marked in Aberdeen, next in Greenock, next in Dundee, next in Glasgow, and next in Edinburgh. Influenza scarcely appears in the returns, numbering only 3 in October, and 7 in November.

The weather was, on the whole, fine in November, and not very dissimilar from that of the preceding month. The barometric pressure was somewhat higher than in October, viz., 30·143 inches against 29·817 inches. The mean temperature was nearly six degrees less, viz., 45°·1 against 51° 0. The rainfall was somewhat greater, and there was somewhat more of easterly winds. It is worthy of remark, that the mean development of ozone, as tested at Greenock, was decidedly less in November than in October.

It would be interesting to know to what extent the inland districts of Scotland have been affected with influenza, and whether its manifestations have been simultaneous with those in the cities or not. From circumstances which have incidentally come to my knowledge, I am inclined to believe, that in some places in the neighborhood of Edinburgh the appearance of influenza, in an epidemic form, was considerably later than in the city itself.—*Edinburgh Medical Journal,* January, 1858.

Yellow Fever at Lisbon.—The population of Lisbon in 1857 consisted of 250,000 souls, 50,000 of whom emigrated during the panic. Dr. Guyon, Inspector-General of the Sanitary Department of the Army of France, arrived at Lisbon on the 16th of October, and left there on the 19th of December; and at the period of his departure there had fallen victims to the disorder no less than 5000 persons, and there had been 12,000 persons attacked by yellow fever up to the time of his embarkation. In the year 1856 the cholera prevailed at Lisbon, and the mortality on that occasion amounted to 5000.—*London Lancet.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Feb. 8th.—*Ascaris Lumbricoïdes of unusual size.*—Dr. Morland, referring to the lumbricus which he had shown to the Society, December 14th, 1857, said that it was a little over *seventeen inches* long and proportionably large. It was a female, and, when first seen, the intestinal and genital apparatus were distinctly visible through the integument; after a few days' immersion in diluted alcohol, the skin became opaque. The parasite was brought to Dr. M. whilst attending outpatients at the Central Office of the Boston Dispensary, by the mother of a little girl nine years of age, and who had passed it spontaneously. Anthelmintic medicine was ordered, and the patient desired to report the fact, should more worms be discharged. Not hearing from her for several weeks, it is believed that this may have been the sole specimen, although the lumbricus is seldom solitary.

It has been remarked by observers, and previously so stated to the Society, that *female* children are more obnoxious to lumbrici than males. Also, that those who are poorly lodged and fed, as was true in the instance above given, are far more prone to verminous affections.

Another point worthy of notice is, that when an inordinately large lumbricus is voided, the chances are that no more, or very few, will appear. This is referred to by Cloquet, who says (*Anatomie des Vers Intestinaux Ascaride Lombricoïde et Echinorhynque Géant*, &c., Paris, 1824), "generally their size is in an inverse proportion to their number; they are always free in the intestinal canal, and never adhere to its walls." In a note, he excepts cases where accidental perforations, or those resulting from disease, have occurred. Cloquet alludes to the different causes of the variation in the size of these parasites, as follows:—"The ascaris lumbricoïdes is the species of ascaris the most voluminous. There is great variety in its dimensions, according to the age of the worm, its sex, the sort of animal in which it lives, and probably, also, to the quantity of nutritive matter which it finds in the intestines." On consulting the chief authorities, Dr. M. had found only one who mentions a greater length than that of the individual he had shown, as ever having been witnessed for the lumbricus. Dujardin, quoted by Küchenmeister in his late work (*Manual of Animal and Vegetable Parasites*), states that the male worm averages from four to six inches in length: the female, seven to eleven; and as the extremest length, mentions *eighteen* inches. The specimen, therefore, which has, since its exhibition, been distinguished by Dr. Jackson with an appropriate mounting and a place in the Society's Cabinet, may be considered worthy of that attention, from its very near approach to the greatest recorded length.

Küchenmeister, himself, does not speak of the average length attained by the lumbricus. He remarks, however, that the smallest he has ever seen, and which he still preserves as a microscopic specimen, is a "sexually immature worm, of about one and a half inches long;" this he expelled from himself.

All the other writers who state the length of this parasite, give much smaller figures. Thus Cloquet says, the lumbricus is "from

two to fifteen inches in length; it is rare that any exceed twelve inches in the human subject. Their size is ordinarily proportioned to their length. Their diameter, around the middle of their bodies, varies from a line to two lines and a half." Griffith and Henfrey (*Micrographic Dictionary*) state the average length as from *three to fifteen* inches; Jones and Sieveking, *six to fifteen;* Vogel (*Pathological Anatomy*), *six to ten,* "and even fifteen;" Rokitansky, *six to ten,* and even fifteen:—both the latter observers evidently considering fifteen inches as quite unusual;—Bock, *one to fifteen;* Guersant (*Dict. de Médecine*), *three to eleven or twelve* inches.

Dr. Homans has in his possession a lumbricus *fifteen and one-half inches* long, which is the next in length to the Cabinet specimen. Since securing the latter, one was brought to Dr. Morland at the Dispensary Office, measuring ten and three-quarters inches. Those residents of the city who receive Dispensary care appear to be extremely fertile in these parasites, as might, indeed, be expected. It is of course necessary to take the statements of parents *cum grano salis,* when they assert that lumbrici *two feet* in length, and frequently over one foot long, are passed by their children; but ocular demonstration allows the inference that both as to size and frequency of occurrence, the population before referred to is likely to afford material for *statistics* upon the subject, if desirable.

Feb. 8th.—*Tumors of the upper Lid.* (*Malignant?*)—Dr. Bethune reported the case.

The patient, Mrs. R., a widow aged 85 years, entered the Infirmary Jan. 26, 1858. Her health was not strong, and she was subject to asthma. About one year ago she had a fistula at the edge of the upper left orbit, which was supposed by the physician in attendance to be connected with disease of the lachrymal gland. This was followed by a cicatrix and induration with small tumors.

For the last six months the tumors have increased, and, at the time of the examination, a firm, irregularly lobulated tumor, of the size of two half peas, joined by the neck, was felt at the upper edge of the left upper lid, which is somewhat drawn down over the eye by adhesions between the globe and lid.

The upper portion of the tumor seemed to extend up under the orbit. On the 28th, these indurated masses were entirely removed. The upper was found *not* to extend into the orbit. The wound had nearly healed.

The following is the result of the microscopical examination by Dr. Shaw.

"The specimen left with me for microscopic examination, was a cellular growth. The cells were large, of irregular form, quite pale and studded with fine granulations: many of them were elongated and somewhat fusiform. The nuclei, both those contained within the cells and those which were found free, were very large, being about two thirds the diameter of the spherical cells, more or less oval, quite pale and granulated. Very few of these nuclei exhibited nucleoli until after treatment with dilute acetic acid, when nucleoli of considerable size appeared, probably having been previously obscured by the granulations. The disease had the appearance of cancer to the naked eye, and, upon breaking it into fragments, a milky juice was formed, pre-

cisely as in cancer. The cells contained in this fluid were not fully typical of cancer with respect to nucleoli, but certainly they approached nearer this disease than any other."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 18, 1858.

THE ABUSE OF MEDICAL CHARITIES.

The medical profession has ever been ready to give its best services to those whose means admit of no pecuniary return: and there is probably no physician who has not upon his list of patients many of this class. It is often a real pleasure to extend this aid to such persons, many of whom are interesting *in themselves* to the practitioner, and not alone from the phenomena of disease which they present. Generally, too, there is no little genuine gratitude manifested by the poor toward their medical attendants; the exceptions, it is true, are many, but when wanting in this pleasing characteristic, the lack is an entire one, and not exhibited toward physicians only.

In conjunction with medical men, the public has always been liberal in aiding those who fall sick whilst contending with poverty, or who have been reduced from comparative comfort to want by illness or accident.

That great abuses may creep into this class of charities, however, must be admitted. There are doubtless many almost inseparable from them. It is very evident to those experienced in such matters, that advantage is often wrongly taken of the assistance so bountifully afforded in the community in various ways. Perhaps one of the most prolific sources of this abuse is the very profusion with which relief is given. It requires no little judgment and observation, to know when to give, how to give, and how much to give; this is especially evident to those whose duty it is to visit the poor as almoners of any charitable association, as dispensary physicians, &c. There are those among the recipients of all kinds of charity, who, when they find out the sources of relief, are only too willing to throw themselves upon them and cover them up, effectually, from the approach of others more deserving and more modest. Instances are not infrequently detected of a persevering pursuit of alms-seeking, as *a trade*, by those who are actually accumulating little fortunes by it. The moral obliquity which impels human nature to this course, or to others of similar tenor, is to be lamented, but the correlative mischief caused by it is yet more disastrous. Not only is the confidence of the charitable shaken, and repulsive feelings engendered, both toward mendicants as a class, and insensibly, perhaps, toward all poor persons, but the consequent diminution of assistance afforded to the worthy sufferers is undoubtedly marked.

We are satisfied, from personal experience, that there are very many who seek medical assistance at Dispensary offices, or through the visiting physicians who are assigned to the various wards of our city, who can well afford to pay a small fee. Such, when it can be ascertained that this is the fact, should not be assisted; even if their cases present

unusual interest, the profession generally is entitled to the advantage derivable from the detail of the phenomena through some attending physician who can report the facts; and he should receive fees for his services, proportionate to the ability of the patient.

There are, strange as it may seem, individuals who are so eager to avail themselves of all gratuities, whether they are in need or not, that they will swallow medicines by the gallon, and scrupulously follow even very troublesome medical directions, provided they do not have *to pay* for the same. Many such come to a charitable infirmary to be treated for slight ailments which would soon disappear of themselves, because it is medication *made easy;* a rather fascinating pursuit, in fact. Besides these, however, others, whose dress and bearing show that they are not properly dispensary patients, seek and receive aid which ought to be reserved for persons far more needy.

Whether it is possible to prevent this imposition, either wholly or in part, is a problem worthy of solution. Much trouble and pains-taking, together with some system of registration, would probably be demanded, in order to effect this desirable end. It seems worthy of trial; for doubtless the expenditure of money, time and labor would be materially lessened, or at least more worthily appropriated, by the intervention of some such means.

In England, it has been found, of late, that most enormous sums have been expended in sustaining public medical charities. The system of subscription, which enables individuals, for a comparatively small annual stipend, to send servants and other retainers into hospital, or to place them under dispensary care, would seem to have been much abused, according to the statements of the *Lancet.* That the best medical advice and most conscientious therapeutic efforts have been put into requisition, without any remuneration, very often, when it should have been otherwise, cannot be questioned. We hold that a rich man, who cares for valuable servants as he ought, should both seek medical advice for them and be willing to pay for it. Yet it is common enough to meet with such persons who themselves send for a physician for their servants, and then either expect them to pay for his attendance out of their own wages, and of course at a reduced rate of fee, the physician not wishing to extort full fees under the circumstances; or else, if the physician be the medical attendant of the master's family, he will be expected to charge nothing, or less than half price, for his services. Now, where there is only casual advice given, or a short service rendered, this may pass; but during a long illness or in cases of serious injury, we submit that it is unreasonable, and ought neither to be expected by the master of the family nor tolerated by the medical adviser.

The subject is one of great importance, in many aspects. We have not space to enlarge upon it further at this time; but we can testify to the truth of our positions from our own experience and from the strongly-expressed opinions of others; several medical gentlemen having recently spoken of the subject to us in a feeling manner. The members of our profession are, usually, for years, insufficiently remunerated; they are, to a proverb, ready to help the indigent at all times and in many ways; they should never be deprived of their legitimate dues.

We have already referred to the *Lancet,* as having lately noticed

some "gigantic" medical abuses in England, and we quote a few paragraphs from the articles in question. In its issue for December 5th, 1857, the above Journal, under the caption "Where to draw the Line," says :—

"There are bounds to everything: so says the old proverb. In Horatian phrase,

'Sunt certi denique fines
Quos ultra citraque nequit consistere rectum.'

But where to draw the line is the main difficulty of statesmen and philosophers.

* * * * * * * * * * * * *

"Some figures emanating from a committee on Beneficent Institutions of the Statistical Society may well set us thinking upon the difficulty of defining the limit between useful and well-meant charity, and an ill-conceived prodigality which apes the name of Benevolence. From a series of complete returns from all the dispensaries and hospitals in London, we learn that upwards of £1,000,000 of money is spent in the metropolis in the bestowal of medical aid, and that nearly 700,000 persons—one tenth of the whole population—receive medical service for which they do not pay. Here is a gigantic abuse. It is not possible that one tenth of the population are entitled to this gratuitous service. Ill-directed charity becomes injustice here. It is a double-edged evil; it wrongs the medical man; it injures those who improperly lean upon his kindly staff, by giving birth in them to an improvident spirit of dependence.

"These startling figures may suggest another thought. Is it charity, or a penurious and deceptive imitation of it, which prompts Dives in Belgravia to subscribe the annual guinea that entitles his gouty butler or dyspeptic valet to the best medical advice in London? or which induces Mercator in eastern Babylon to barter an annual three guineas for the power of giving hospital letters and immediate dismissal to his sick 'young men'? Under this aspect, these tables supply an index to some very indifferent pages in our social economy. They represent a vast amount of unrewarded labor and unpaid service unjustly exacted from the most laborious, intelligent and deserving of professional men—the members, we mean, of the staff of hospital and dispensary medical officers in this metropolis."

And in the number for Dec. 12th, a correspondent, referring to the above statements, remarks :—

"The 'gigantic abuse' here alluded to is the curse of the profession. But who is to blame for it? Why, the profession itself. Only look at the list of some of the hospitals and dispensaries which have been founded in the metropolis during the last few years. We well know, that to benefit themselves at the expense of others, many of the founders of these institutions have not hesitated to inflict a most serious injury upon the whole body of London medical men."

What is so pertinent to the atmosphere of London is no less so to every other—less perhaps in degree, but precisely the same in essence —like the *Almanacs*, calculated for a special meridian, but answering for several others.

THE PACIFIC MEDICAL AND SURGICAL JOURNAL.

The above is the title of a new medical periodical published in San Francisco, the first number of which made its appearance with the present year, under the editorship of Dr. John B. Trask and David Wooster. Its enterprising managers are not discouraged by the failure of the *California State Medical Journal*, so ably conducted by Dr. John F. Morse, of Sacramento, to whose talents and ability they pay a well-merited compliment. They feel that the profession in California have regretted their indifference to the advantages of a good medical journal, and that they will be more disposed to support the present undertaking.

The appearance of the first number of the *Pacific Journal* ought to insure its favorable reception. It is well printed, and its articles are of interest and value. A communication "on the Reproduction of Bones," by H. H. Toland, M.D, is illustrated by two beautifully-drawn lithographic plates. The *Journal* contains nearly fifty pages, and will be issued monthly, at *five dollars* a year. We cordially wish it success, and would express our earnest conviction that the interests of the profession in California cannot be in any way so surely promoted as by the establishment of a good medical periodical in that State.

Appointment.—Dr. John E. Tyler, late Superintendent of the New Hampshire Asylum for the Insane, has been appointed to the office of Superintendent and Physician to the McLean Hospital at Somerville, made vacant by the recent death of Dr. Chauncey Booth.

Dr. Tyler is a native of Boston, and a graduate in medicine of the University of Pennsylvania, and is a gentleman of acknowledged talent and scientific attainments. Although a young man, he has already gained a high reputation in the management of his specialty at the head of the New Hampshire institution. We congratulate the Trustees in the appointment they have made, and tender to Dr. Tyler our hearty felicitations in his accession to a post which has been filled by some of the ablest men in this department of medical science.

Mortality of San Francisco.—The *Alta California* for Jan. 20 contains a very elaborate report on the vital and mortuary statistics of San Francisco for the year ending June 1st, 1857, by Dr. A. F. Sawyer, formerly of this State. The Report occupies ten closely-printed columns. It is a document which reflects the highest credit on the author, and we trust the truths it contains and the lessons it teaches will be clearly appreciated by the citizens and Government of San Francisco. We shall notice the Report more at length in a future No.

Health of the City.—The late uncommon mildness of the season does not yet appear to affect the rate of mortality. The number of deaths last week was 9 less than for the corresponding week of last year, and, as usual at this season, the principal fatal diseases were those of the respiratory organs, among them being 4 cases of croup. The mortality for the corresponding week of 1857 was 80, of which 18 deaths were from consumption, 8 from pneumonia, 2 from croup, and 19 from scarlet fever.

Communications Received.—Case of Chronic Laryngitis.—Case of Exostosis of the Humerus.—On the Pronunciation of Medical Terms.—Case of Perforation of the Tympanum.—Case of Ununited Fracture of the Humerus.—Letter from Edinburgh.—Puerperal Apoplectic Convulsions.—Chorea treated by Arsenic.

MARRIED,—At Ballston, N. Y., M. A. Tinker, M.D., to Miss Phebe J. Wilson, both of B.

DIED,—In Norwich, Ct., Feb. 4th, John Barker, M.D., in the 75th year of his age.

Deaths in Boston for the week ending Saturday noon, February 13th, 71. Males, 28—Females, 43.—Accident, 2—inflammation of the brain, 1—congestion of the brain, 3—cancer (of the stomach 1; side 1; uterus 1), 3—consumption, 16—croup. 4—dysentery, 2—diarrhœa, 1—dropsy in the head, 2—infantile diseases, 3—puerperal, 2—scarlet fever, 5—typhoid fever, 2—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 5—congestion of the lungs, 2—marasmus, 4—measles, 3—palsy, 3—pleurisy, 2—scrofula, 1—teething, 1—whooping cough, 1.

Under 5 years, 31—between 5 and 20 years, 8—between 20 and 40 years, 20—between 40 and 60 years, 8—above 60 years, 4. Born in the United States, 55—Ireland, 15—England, 1.

North Western Medical and Surgical Journal.—The long and now inappropriate title of this excellent Journal, will be changed in the succeeding volume, and the January number will appear under the title of the Chicago Medical Journal. Chicago can now hardly be called the North West, as it was when this Journal was instituted; this change in the name, therefore, seems to be called for. The Chicago Journal, we have no doubt, will well sustain the high stand which it has taken as the North-Western.—*Buffalo Med. Journal.*

Montgomery County (Ohio) Medical Society.—This is one of the best organized societies in the West. Its members, chiefly composed of the Dayton profession, are hard-working, energetic men. The Code of Ethics was adopted at the formation of the Society, and has been enforced. We learn from the proceedings, that a member was expelled at its last meeting for violation of the code. This is the proper course. If the profession is to be placed on a better basis, the code must be enforced.

We hope our Dayton friends will continue in well-doing. The great Webster once said, "I hold that every man is a debtor to his profession." If he is not willing to support the code, and even determinately violates it, he should be expelled. Consultation and all sympathy should be withdrawn from him in his hour of trouble and trial. We hope, too, that our friends will refuse consultations with all *irregulars*, whose professional conduct is bad—or who profess one of the *isms* of the day.—*Cincinnati Lancet and Observer.*

Medical Journals in the United States.—We think there is a growing disposition to lessen the number of our medical journals—to improve their quality—and a decreasing disposition to publish them for nothing! We observe a manifest improvement in the tone and character of almost all our exchanges, and we notice that several have already raised their price: we think these features in our journalism are proper and commendable. Medical periodicals, if published at all, must be paid for in some way—and if afforded to subscribers at a price actually less than the paper and printing cost, somebody must make up the deficit. Now this can very readily be afforded sometimes, by parties who have special interests to advance, just on the same principle that we get a flood of almanacs annually thrust under our doors gratis, for the sake of calling our attention to their author's individual skill or wonderful nostrums; but we doubt if the true interests of legitimate medicine are to be advanced by the publishing of our journals on such principles.—*Ib.*

A New Property of Camomile.—Camomile (*anthemis nobilis*) is described in all treatises of materia medica as emollient, digestive, fortifying, &c., but none point out a most precious virtue, just announced as pertaining to it by M. Ozanam, whose paper on the subject was presented to the Academy of Sciences at its last sitting by M. Cloquet. This virtue consists in preventing suppuration when the local disease is not too far advanced, and in gradually stopping it when it has existed for a long time. For this purpose it is administered in powerful doses of five, ten, and even thirty grammes of the flower in a litre of water, the infusion to be drunk in the course of the day, and to be continued until the cure be effected. Compresses moistened with the infusion may be locally applied; they aid in the cure, but are not necessary—the infusion alone, taken internally, being quite sufficient. In support of his assertion, M. Ozanam quotes a number of cases in which this mode of treatment was successful.—*London Times.*

Formula for making Ink.—The *Journal de Chimie Medicale*, for December, contains the following formula for making ink, which the editor recommends to many of his correspondents who employ so pale an article that he has difficulty in reading their letters:—Logwood shavings, two pounds; alum, four scruples; gum, four scruples; water, two pounds. Boil them together for three quarters of an hour, and strain when cold.

The following is for *ink powder*, which will make three pints of ink, by the addition of that quantity of water:—Powdered nut galls, six and a half ounces; do. sulphate of iron, four ounces and six drachms; do. alum, two drachms; do. gum, six drachms.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVIII. THURSDAY, FEBRUARY 25, 1858. No. 4.

CASE OF CHRONIC LARYNGITIS—TRACHEOTOMY—RECOVERY.

BY SAMUEL CABOT, JR., M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

F. M., 3 years of age on the 22d of March, 1856, when about 2 years of age had, according to the account of his mother, an attack of scarlet fever, soon after his recovery from which, he was observed to be somewhat hoarse, with occasional slight cough. After a while, some dyspnœa, with shrill breathing, was observed, which symptom went on slowly increasing, until I saw him, in July, 1856. At that time, his breathing was labored, with dilatation of the alæ nasi, drawing-in of the lower part of the chest, a shrill-sounding respiration, and shrill, whispering voice. The vesicular murmur was masked by the laryngeal sound. The glottis was very far back; so that I could not at any time bring the epiglottis into sight. There was some dusky color in the face; but he was in quite good flesh, and with the general appearance of good health, excepting the above-mentioned dusky appearance, which was not very marked. He was cheerful and lively in manner. I applied, with the sponge-probang, a solution of nitrate of silver, a drachm to the ounce, to the larynx, which was repeated every day at first, afterward not so often. I ordered croton oil to be rubbed on the outside of the throat, and one grain of calomel to be given three times a day, and kept the bowels quiet with a drop or two of laudanum. Under this treatment the symptoms decidedly improved, though at no time did he recover his voice, or get entirely rid of his shrill and labored breathing. For a time he seemed so much better that the nitrate of silver was dispensed with, and his calomel stopped. Soon, however, the symptoms returned with their original severity; the nitrate of silver was again applied, but the calomel was only given for a short time, owing to the unfavorable influence it seemed to have upon his general health. He again improved somewhat, though not to the degree he had before.

About the 27th of August, I was out of town for a week, and

placed him under the care of my friend Dr. D. H. Storer, who tells me that one night he was called to him, and found him suffering under an attack of dyspnœa, almost amounting to suffocation, which, however, yielded to a powerful emetic. When I saw him on Sept. 2d, I found him worse than before, losing flesh, more dusky, and almost completely aphonic. The dyspnœa was very great. This condition grew worse and worse day by day, and I decided to perform tracheotomy, and appointed Sept. 9th for the operation. On the morning of that day, I was called in great haste, the messenger saying that the little boy was dying, if not already dead. On arriving at the house, I found that, on getting him up to dress him, he suddenly fell back senseless, blue, and apparently dying; but before I got there he had recovered, and was about as he had been the day before. About an hour afterward I operated, opening the trachea below the cricoid cartilage. There was nothing noticeable about the operation, except the advantage derived from having the trachea fixed by a tenaculum hooked below the cricoid; and the immediate calm which followed the free admission of air to the lungs, which was more marked than I remember ever to have seen in any other case—the change from great and painful agitation (in spite of ether) to perfect calm, almost death-like, in its contrast to the previous struggle for breath. The trachea appeared perfectly healthy at the part opened.

The child slept tranquilly for two hours; the first quiet sleep he had had for months. His general health began immediately to improve, and he gained flesh, strength, and color. As soon as the soreness immediately resulting from the operation had subsided, he had a solution of tannic acid, a scruple to the ounce of rose-water, applied on the sponge-probang to the larynx once a day, which was afterward increased to three times a day, when his mother had learned the mode of applying it. About a fortnight after the operation, I etherized the patient, and withdrawing the tube, and stopping the opening in the trachea, found that air would not pass by the larynx. I then re-introduced the tube, and putting a stick between his teeth, made a careful examination of the throat with my finger. I found the epiglottis thick, standing up rather stiffly, and larger than in its normal state. The top of the glottis felt quite healthy; a block-tin sound (No. 6) could be passed down through the larynx, so as to click against the tracheotomy-tube, with perfect ease. At a subsequent period, the sound was several times passed from the opening, upward into the posterior fauces.

About three weeks after the operation, some inflammation of the cellular tissue occurred on one side of the opening in the throat, shoving the tube to one side, and followed by suppuration and gradual subsidence. I repeated my examinations, under ether, every week or fortnight. In the latter part of December, I found that considerable air passed by the larynx, when the tube was with-

drawn, and the orifice stopped. I then had a tube made with an opening on the upper side, and got the mother to persuade the little fellow to try how long he could stop the opening with his finger, and gradually to wear a cork for a short time inserted into the opening.

On Jan. 29th, he kept the cork in, over an hour, breathing tranquilly and without noise; when, owing to a fit of coughing, his mother removed it, thinking he would "strangle." On the 30th, he wore it for several hours during the day, and kept it in all night. On the 31st, having kept the cork in since yesterday, he walked up to my house, at noon, without any disagreeable symptom. I removed the tube, and when I visited him the next morning, at about 10, A.M., the orifice had completely closed, so that no air passed, and no signs of an orifice remained. He still, Feb. 8th, speaks in whispers, but more and more loudly, breathes well, and without noise, has no cough, and is as healthy-looking a child as any one of his age.

During this period of nearly five months, he learned to talk quite distinctly by exploding air from the posterior fauces, and, for twenty-four hours after the opening was closed, he continued to do so, but he now speaks in the natural way, though in whispers.

MISPRONUNCIATION OF WORDS BY MEDICAL MEN.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—In the retirement of country life, without the advantages of the society of medical professors and other literati which you enjoy in town, it becomes a would-be "respectable village practitioner" to make the best use of all the advantages which he *can* obtain, and I was therefore glad to see in your last week's issue an article on the "Pronunciation of Medical Terms." It is true ("pity 'tis," &c.) that there is a remarkable want of uniformity among medical men in the pronunciation of many words, and we should owe a debt of gratitude to him who corrects us. Will "A Medical Student" please, considering the times, to accept my note of hand for the amount due—"Value received, I promise to pay, &c. &c." (for the remainder, "Inquire at the office").

Sitting down, then, with the comfortable feeling, which one enjoys when hearing a sermon reproving his *neighbor's* faults, that I should see how wrong it was for Dr. A. to say this, or Dr. B. to say that, and how rightfully I had pronounced them all, I had hardly glanced at the first column when a cold chill came over me, which, as I gradually completed the list, became an actual rigor, followed by violent fever and excessive perspiration. To the pronunciation of the majority of these words I at once acceded, and, in fact, could hardly conceive that some of them, as, for instance, datura, jugalis, secale, tinctura or vagina could be pronounced

otherwise; some, too, have suffered injury at my hands, as ephelis, epulis, and enema, whilst others there are, old friends too, that I cannot give up, at least until their guilt is *proved.*

Your correspondent (our tutor) has made up his lists from words some English, some Latin and some Greek, and to all applied a rule of Latin, which is thus likely to bring him and his pupils into trouble; as one may ask, "Please, sir, what makes the penult of cervical or elephantiasis short?" or "Please, sir, we have found some other words to be placed in your first list, to wit: io'dine, melo'dy, radi'cal, vagi'nal and others." So it is evident, again, that no such rule can be applied to English words where there are no such terms as long and short syllables. Hence unless good and sufficient reasons are shown, other than those stated already, medical men may continue to accent the antepenult of the English words anemone, plethora, trachea, ureter and vertigo, as well as the penult of eczema, meningeal, pellagra, pharyngeal, and some ending in *asis.* As for æsthesia, the most strict examination or careful information having failed to discover to us any such word, we will spend no farther time on it.

Finally, let medical students say "aloes" with three syllables ("allantois" necessarily *receives* the benefits of a diæresis, whether it be written or not), or "hydrocele" and its compeers with four, or "colchicum" with a *kick*, but let them be consistent and say kerub and kerubim, and not in so doing vainly imagine that they are speaking the English language. *Quis custodiet ipsos custodes?* Yours, &c. A Country Doctor.

Feb. 15th, 1858.

"PRONUNCIATION OF MEDICAL TERMS."

[Communicated for the Boston Medical and Surgical Journal.]

An article, by "A Medical Student," appeared in the *Medical and Surgical Journal* for Feb. 11th, on the pronunciation of terms in common use among physicians. The writer gives a list of the more important "words which are habitually pronounced wrong." He pretends to have tried them "by the usage of the best authorities," but leaves us quite in the dark as to who those authorities are. If he had informed us on this point, his hopes would not have been in vain that his communication might be not "wholly without interest." For, it would certainly be interesting in the extreme to know what "authorities" would sanction for a moment such mispronunciation as accenting the penult of *plethora.*

Professor Dunglison, in his Medical Dictionary, is perhaps the only lexicographer that favors this accent, and he can hardly be considered authority in this matter, by the side of such men as Webster, Worcester and a host of others. While many persons differ from Webster in orthography, they very generally concede

to him a certain authority in pronunciation that they grant to no one else; and more especially, as the different professional terms were collated by scientists the most distinguished in their respective professions. While we therefore yield with all respect to Professor Dunglison in questions of physiology, we beg leave to differ from him in questions of philology, when we have on our side the authority of standard dictionaries and good usage.

That *plethora* was originally a Greek word, and had a long penult, no one will deny. But its Greek origin does not prevent its being an English word to-day; and, as such, it should be pronounced according to the best English authorities. The name of Prof. Dunglison's place of residence—Philadelphia—was originally Greek, and was pronounced with its penult accented. But it would be highly pedantic on that account to call it, at the present day, Philadelphi'a. In these instances, we should follow good and established authority, and not cling too closely to derivation—never forgetting the fact that our language is one of anomaly, and not of analogy.

What we have said of *plethora* may be applied to *trachea*, which has now become thoroughly anglicised; also, to *anemone*, though we have excellent authority near home for saying *anemo'ne*. Worcester says *u'reter*. *Ver'tigo* is correct according to both Webster and Worcester, though *verti'go* is unquestionably good Latin. *Eczema* is not given in Webster, but Worcester says *eczé'ma*. *Enéma* is correct, according to Webster, who also allows *ab'domen*. *Aloes* is an English word of two syllables, though the plural in Latin, as also the genitive singular, spelt in the same manner, is pronounced with three syllables, and written with the diæresis. *Conium* is neither given in Webster nor Worcester, though Craig, in his Dictionary, "which embraces all the terms used in Art, Science and Literature," says *con'ium*. Professor Dunglison pronounces *hydrocele* as if it were a word of four syllables. The only reason for this is, that there are four syllables in the original Greek. But he should be consistent and go a step further, and make the c *hard*, as it is spelt with a *K* (kappa) in Greek.

"A Medical Student" seems to have been governed by no uniformity in placing the accents. They are put indiscriminately over the vowel or the consonant of a syllable.* We think he would find it a difficult task to give authority for his accentuation of such words as vo'mica [vom'ica?], primi'para [primip'ara?], obs'truent [ob'struent?] and many others.

In conclusion, we would only claim that where good authorities differ in pronunciation, it is quite fair for each member of the profession to follow such as he sees fit, without being open to the charge of pronouncing "wrong." MEDICUS.

* The Editors of the JOURNAL, and not "A Medical Student," are responsible for the exact position of the accents.—EDITORS.

A CASE OF PUERPERAL APOPLECTIC CONVULSIONS.

[Communicated for the Boston Medical and Surgical Journal.]

January 27th, 1858.—Was called to Mrs. R., a woman of low stature, rather robust, aged 26 (lived near my house). Expected to be confined in one or two weeks. She had had two spells of blindness of short duration, which somewhat alarmed her. Has had a bad feeling in her head at times during the past year. (Her mother died of some puerperal disease.) Has been married six years, and has had one child, which is now three years old, at the birth of which all was well. Health is now good; slight determination of blood to the head. Ordered a Seidlitz powder to be taken every other day.

Monday, Feb. 1st, 7, A.M.—Was notified that labor pains had come on, and she wanted me to send her something for a pain in her stomach, and be ready to come when called. Sent an extemporaneous carminative preparation. At 10 o'clock she was no better, and wanted to see me. Found her walking about the room, with pain and sickness at the stomach, and very slight labor pains. No trouble about the head. Gave her a gentle emetic, which caused a little vomiting of bilious matter, and afforded some relief. At 11½, labor pains came on strongly, and about 1 o'clock she was delivered of a healthy female child, weighing six pounds. In about thirty minutes the placenta came away, and in the course of an hour the patient was very comfortable in bed. If there was anything remarkable about the labor, it was the kindly manner in which everything went on, and the ease with which it was accomplished.

4 o'clock, P.M., I was informed that she was having some afterpains, and also pain in her stomach, and that she flowed rather more than at her previous labor. Sent her four Dover's powders, three grains each, one to be taken every three hours until relieved. The nurse said, "she took one, which relieved her, and she had a very quiet nap," from which she tried to awake her about 6 o'clock to give her some drink, but found it very difficult to arouse her. I was immediately called, and found her in a comatose state. Jaws set, unable to swallow, pulse about 100, almost imperceptible. Womb well contracted. Had flowed but a moderate quantity. Extremities quite cool. Breathing a little stertorous.

At midnight she had *one* regular convulsion, which lasted from sixty to ninety seconds. She had no more, but remained comatose until Saturday, the 6th, 105 hours, when she ceased to breathe, not having swallowed anything during the time, nor exhibited any signs of consciousness or feeling, except at times. When her hands, arms or feet were slapped, she would withdraw them; and when electricity was applied, she evidently felt it, and would flinch, and sometimes put her hand to the spot to which it was applied. During this long time the pulse varied from 80 to 100, sometimes tole-

rably full, but generally small and at times almost imperceptible, but always regular. At times she was in a profuse perspiration, and at others quite cold. Respiration stertorous a part of the time, if the head lay on its back, but if turned on its side the breathing would be quiet as though she was in a sound sleep, though the body still remained supine. There was but little frothing at the mouth.

The first urine drawn, about five ounces, twelve hours after the fit commenced, was of the color of a strong decoction of coffee, and a sediment was deposited, looking like fine coffee grounds. This urine proved by heat to be highly albuminous; in fact, from boiling it for a few seconds, it was as thick as cream. I am sure there was no vaginal discharge with this urine, as the parts were well cleaned. I cannot account for the color of this urine. Can you? The next drawn, about six or eight ounces, was of natural color, after which only two or three ounces were obtained at a time. No movement of the bowels was obtained, large injections nearly all coming away, and small ones remaining.

Treatment of the Case.—Mustard to back of neck, legs, and feet; bleeding from arms, and from foot in hot water; cups, exhausted by air pump, to back of neck; blisters to back of neck and thighs; snow to head; enemata of infusion of senna; sulphate of magnesia and oleum terebinth., twelve ounces at a time, repeated; also, enemata of ol. ricini and ol. tiglii, electro-magnetism, friction, &c.

J. H. Blake.

North Auburn, Me., February, 1858.

CASE OF UNUNITED FRACTURE OF THE HUMERUS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—At the request of a few of my medical friends, not having been aware myself of its possessing any particular interest (which explains its late publication), I have prepared the following account of the treatment pursued in a case of ununited fracture. If it be thought worthy of notice, it is at your disposal.

April 28th, 1851, happening to be at the office of my brother in Marlboro', a young man, aged 28, from Clinton, presented himself for treatment. He stated that on Oct. 15th, 1848, being at that time in Waltham, he was thrown from a carriage, and broke his arm from three to four inches above the elbow; that since that time he had been under the care of a number of eminent surgeons, but that no union whatever had taken place at the fracture. The arm was exceedingly shrivelled, it being apparently not more than half the size of the other, and so attenuated were all the muscles, that a most accurate knowledge of the place, direction, &c., of the fracture was at once perceptible to the touch. He was given to

understand the unpromising nature of the case, and, on that account, the reluctance felt toward undertaking a cure. He insisted, however, that an attempt should be made, stating that, as his labor was the sole means of support of both himself and family, he would cheerfully give all the time, patience and pains which might be requisite for effecting a cure.

So long a time—more than two years and a half—having elapsed since the accident, there could be no doubt that the fractured ends of the bones had become altered, and were in a state in which a disposition to unite could not be expected. Indeed, so insensible were they, that they might be rubbed for a long time upon each other without producing the least pain or irritation. It was also very evident to the touch that there had been deposited between them some substance of a cartilaginous or ligamentous nature, which must some how be removed before the process of union could begin. Absorption, produced by long-continued and steady pressure, seemed to be the most likely means to effect this removal. With this object in view, two bandages were applied around the arm, one above and the other below the place of fracture, and, upon these, two bracelets (if I may so call them) of thick leather, were closely fitted. Upon these, at equal distances, four pieces of tin were tacked, with a groove in each, through which iron rods, extending from one bracelet to the other, were inserted, with heads upon their upper and thumb screws upon their lower extremities. In this way it was thought that, by means of the screws, a sufficient amount of pressure could be exerted, provided that, in making it, the leather bands did not slip towards each other, which it was evident would be the case unless they compressed the arm to such a degree as to cause severe pain and impede injuriously the circulation. To obviate this, a piece of felt was tacked to the lower band, brought down and moulded over the elbow, and in the same way a piece of leather was attached to the upper one and carried over the shoulder, thus making the shoulder and elbow the points to which the principal part of the desired pressure and counter pressure would be applied. A small tourniquet (the fracture being somewhat oblique) was put upon the space between the two bands.

This apparatus was applied May 6th, 1851, the patient being instructed to keep up such an amount of pressure by means of the screws and tourniquet as he could endure. The treatment was pursued until June 10th, when, upon removing the apparatus, and observing that the extremities of the bones did not fall asunder, as at the beginning, I judged that the proper time had arrived for introducing the seton. The tourniquet was then accordingly removed, and the seton inserted, the same instructions as before being given to the patient. The arm immediately swelled to twice its former size. A slight degree of stiffening was perceptible in about

three months, but not such an amount as to warrant me in withdrawing the seton until May 25th, 1852, more than eleven months after its introduction. Finding him that day in his garden, steadying his hoe with his left hand, I ventured to remove it, but prematurely. For visiting him a few days afterward, I found the swelling gone, and a considerable degree of motion at the point of fracture. Fearing I should soon lose whatever ground had been gained, and not having with me a seton needle, as the best substitute for it within reach I thrust into the old aperture, which had not yet entirely closed, a common turkey's quill. As this extemporaneous seton, by its effects, seemed to answer as good a purpose as one composed of any other substance, I let it remain until the following July, when the cure seemed to be perfect, and when both it and the apparatus were entirely removed, and the patient went about his business, which the present winter is very laborious, that of logging.

The seton no doubt was the principal means of accomplishing this result; and its occasional failure, hitherto, in these cases, I am inclined to think has been often due to the removal of it before it had remained a sufficient length of time to produce its full effect. It may be mentioned, that in the case of this patient, the seton was inserted some time in 1849, by the advice of the late Dr. Twitchell, but withdrawn at the end of *nine* days. The very efficient aid derived from the apparatus ought not, however, to be forgotten. It seemed to meet satisfactorily every indication, not restricting in the least the liberty of the patient, affording free access to the seton, keeping the fractured extremities in exact coaptation, preventing all motion of them, which it would be difficult entirely to obviate by any mode of applying bandages, from their liability to become loose—and, lastly, supplying the desired pressure or compression.

HENRY BARNES, M.D.

Northboro', Feb. 15th, 1858.

CHOREA TREATED WITH ARSENIC.

BY DAVID RICE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

WITHIN a period of five years, a number of severe cases of chorea have come into my hands for treatment, all of which have yielded to a certain management in a short space of time. I had regarded the disease in question as an inveterate one, and obstinate in not yielding to the action of remedial agents. Experience has taught me the reverse—that with the right application of remedies, it is quite as curable as many maladies of less note. I have succeeded in curing all my cases in from two to six weeks, by the use of arsenic, with a few other remedies, used either in conjunction with the

arsenic, or for preparatory or after-treatment. I will give the history of two or three cases, to illustrate my method of treating the disease.

Case I.—Mary M., aged 10 years, of delicate formation, light hair, and blue eyes, nervo-sanguineous temperament, was taken with chorea during her eighth year. It gradually increased upon her, so that she was put under treatment during the ninth year, and kept upon various remedies, administered by a number of physicians, up to the time I saw her. She had suffered greatly, and obtained no relief. I could not ascertain from her friends *what* remedies had been tried. When I first saw her, she was lying upon a couch, with dishevelled hair, and every muscle and limb in continued motion. It was with great difficulty that she could articulate words so as to be understood. If she attempted to walk, she would often fall. Deglutition was very difficult. Her parents considered the disease confirmed. I commenced immediately with the arsenic, and a laxative occasionally, as follows: Fowler's solution, three times a day, in doses of ten drops, for three days; then, eleven drops for three days, three times a day, &c. &c., adding one drop to the dose every third day, until the effects of the remedy were visible in the system, and upon the malady. I gave a slight cathartic every third night. (℞. Calomel, pulv. jalap, pulv. aloes, soap, āā ʒij. Make into pills, each containing five grains; give two or three every night.) In three weeks the little girl came ten miles, in a carriage with her father, to tell me she was well. She is now 15 years old, and has had only one slight attack since, which was cured by taking the *same remedy* for a short time.

Case II.—Mary F., aged 12, with dark hair, eyes, and skin, of bilious temperament, was attacked in the latter part of last autumn with chorea. It gradually increased upon her for two months, at which time I was called. I found her making all manner of gesticulations and grimaces imaginable, yet she could walk, and use her hands to some extent. I gave her a brisk purgative of the above-mentioned pills, and commenced the use of the arsenic (Fowler's solution) as in the former case. In three weeks, the muscular action had nearly ceased. The arsenic had produced a slight soreness of the eyes, and swelling of the lids, and I suspended its use and administered Griffith's myrrh mixture, to complete the cure.

Case III.—Romaine G., a girl aged 9; of rather scrofulous aspect, but, in the main, of ordinary health; with sandy hair, and grey eyes, and of sanguineous temperament, was attacked violently with chorea. In the space of three days, she became perfectly helpless, and could neither speak nor swallow; she lay upon the bed with all her muscles and limbs in a state of lamentable contortion and spasmodic action. It was with the greatest difficulty she could swallow anything, and then only fluids, a little at a time. Her friends became alarmed; they supposed there was no help for such

a severe case. I confess it was doubtful, in my own mind, what the issue might be. I began with my favorite remedy, preceded by a cathartic of four of the pills above mentioned. Fowler's solution was then given, commencing with eight drops, three times a day, increasing *one drop* daily, for one week. At the end of that time, she was taking fifteen drops, three times a day. I continued the remedy five days longer, giving fifteen drops three times a day. On the twelfth day, the eyes began to grow sore, and the lids to swell, at the same time the chorea jactitations began to subside rapidly, and in twenty-two days had entirely ceased. I suspended the arsenic on the twelfth day, substituting Griffith's mixture in small doses for one week, after which I left the case to nature. The girl is now 15, and has had only a very slight attack, in her thirteenth year, and which yielded in a couple of weeks to the arsenic.

I might mention many other cases of chorea, occurring at different ages, and in both sexes, all of which I have treated with arsenic, with complete success. In fact, I have never known it to fail of curing. I am no believer in specifics, but I think arsenic is *as* sure to cure chorea, as the Peruvian bark is to cure intermittent fever. The remedy must be watched, and used with caution, and then it is entirely safe.

Leverett, Mass., February, 1858.

Correspondence.

LETTER FROM EDINBURGH.

Messrs. Editors,—It is some months since I left home, and many incidents have fallen under my notice, which I should have read with interest had I been there and they been reported by another through your pages.

Two or three months were spent as an "interne" in the Dublin Hospital, where I often thought of you, and wished you had a good correspondent there. He would send you very many notes of interest in the course of the year, not to say in the course of every week. But where you are on tip-toe all day, and called up nearly every night too, and sometimes four times between 12, P.M. and 8, A.M., or deliver and see delivered eight women before a breakfast, as I have done, one has not much time or inclination for quill-driving.

You had a very fine report from a correspondent at the Vienna Lying-in Asylum, a few months ago, which made me feel that I must surely go there. But in the Dublin Hospital more women are delivered annually (upward of 2,000) than in the one at Vienna, and here the student does not labor under the inconvenience of a foreign language. Here are also two wards, for uterine and intra-pelvic diseases, where the student can add to his capital in that department of medicine; but for this branch, see below.

The "Dublin Obstetrical Forceps" are the prettiest and most perfect instrument for their purpose I have seen. They are very much like Davis's forceps, but lighter and having but one curve in the blades. You may say they are not strong enough. So said I, until I saw, over and over again, a strong man bring away a child with them, pulling with a great deal of force, and they did not slip; what more could be asked? Prof. Hodges's forceps rank about as high as any in the States; I have used them several times, and have also used these, and would advise any young man to see the "Forceps of the Dublin Lying-in Hospital," before he selects the pair for his future use. These will bring down a head from above the brim; that is all that is asked of the long forceps. With the double curved forceps what advantage have you in any case, and what will you do with a head in the third position of Denman? This position has brought vexation, if not disgrace, on more than one man, and his forceps ought to have been included at the same time. I am chatting with the younger members of the profession, who generally have more time to read your JOURNAL than our seniors.

Any young man who has not had very extraordinary advantages for the study of obstetrics, cannot spend a few months more profitably to himself, or more pleasantly, than in this Hospital. The master and assistants are gentlemanly and communicative, and he will in a comparatively short time see and familiarize himself with all the more serious complications of labor, and of the puerperal state—hæmorrhage unavoidable and accidental, hæmorrhage after labor, the use of the forceps, craniotomy, turning, retained placenta, puerperal fever, mania, convulsions, melancholia, the positions of natural labor, all forms of mal-presentation, lacerated perinæum—and will become practically acquainted with everything in this department which he will subsequently be called upon to treat. He may learn this as well elsewhere, but he cannot possibly in the same space of time. Note, and do not forget, that through the Hospital for many years the Americans have had the reputation of being gentlemen, of being diligent, and attentive and kind to their patients. Others do *well*, let these continue to surpass them all. Through the winter months, the master (Dr. McKlintock) gives a tri-weekly course of lectures, practical and uncommonly lucid and instructive.

One or two, from many, good ideas that I have gathered here in Edinburgh, and I will not trespass longer. Prof. Simpson is an original thinker and practitioner, a popular and practical lecturer—a big gun. But, without mentioning names at this early date—having been in the city so short a time—here are not a few other guns, that carry their own shot, and to the mark, though their metal may not ring so much. Profs. Miller and Syme are well, and doing well—long may they continue.

Under the clinical instruction of Prof. Keiller is *the* place to gather practical, reliable, and useful instruction in the department of female diseases. He is perfectly free from ostentation, is gentlemanly and kind to his students and the patients; and while he does not neglect or abjure what is known to be good, he is eagerly searching for new means of diagnosis and for improvements in the mode of treatment. He has invented what he calls a vaginal stethoscope, with which can be diagnosticated intra-uterine life at the second or third month, long

before it can be discovered by the abdominal examination and the ordinary stethoscope. The instrument is, in material and shape, externally like the stethoscope used for the diagnosis of thoracic diseases, &c., but is solid, rather longer, and larger. It is passed up the vagina and its end pressed against the os uteri. With the instrument in this position, a sound is distinctly heard in the early months of pregnancy—more indistinct in later months—like the ordinary placenta souffle, or like that sometimes heard in an intra-pelvic fibrous tumor. The age, history and health of the patient, the condition of the menses, breasts, &c., must aid in the diagnosis as to the *nature* of this intra-uterine tumor. This stethoscope aids as to the fact of its *presence.*

Yesterday I saw an arm upon which re-section of the elbow-joint had been performed by Prof. Syme some nine months since. The man has good use of this limb, with rotation, extension and flexion as complete and free as in an ordinary arm. Within a few days Prof. S. has performed this operation again upon another subject, and also removed the head of a humerus—both patients doing well.

Another crumb for thought and observation. Prof. Simpson, in a lecture on obstetrics, remarked, that the funis was often found around the neck of the child at birth, and almost always wound around in the same direction—*id est*, from right to left, but that no satisfactory reason for this uniformity had been suggested by any one. One of his audience, Dr. John Sympson, R. N. Surgeon, gave him, this morning, what, I think, is a clear solution of the problem. The idea of it is this: viz., if you will take a right-handed bit of bed-cord, the length of a funis, put your foot on one end, and holding it perpendicularly, twist the other end slowly, at the same time keeping the cord a little slack in order to give it a chance to coil, you will find that it will coil around to the right, in the same direction that you would turn a cork-screw or wind a Geneva watch. Now make a left-handed cord of it by reversing the ends, putting under your foot the end you before held in your hand, and take in your hand the end you before had under your foot: again twist it upon itself; you will find that thus held it coils around to the left.

Now one child in seven has the funis about its neck at birth. According to one authority, eleven twelfths of the funes are right-handed cords, one twelfth are left-handed. Authors say *almost* all are around the neck from right to left—*i. e.* right-handed cords.

Query.—Is this *almost, exactly* eleven twelfths?

Yours, E. P. Burgess, M.D., *Dedham, Ms.*

Edinburgh, January 22d, 1858.

LETTER FROM PHILADELPHIA.

Messrs. Editors,—Yesterday the clinic at the Jefferson College presented two operations of interest. They were performed by Professor Pancoast, and consisted in the extirpation of a cyst of the thyroid gland, and in a plastic operation to remedy the deformity occasioned by an exstrophied bladder. The subject of the first was a middle-aged woman, the tumor being about as large as a goose egg. The professor stated that no one in this country or in England, except himself,

had performed this operation; that he had operated four times successfully, and that this was the largest cyst he had operated upon. The extirpation was conducted without anæsthesia, and occupied some time. The chief interest of the thing was its rarity.

The subject of the second operation was a young man from Michigan, in whom the deformity was congenital. The penis was imperforate, the urethra terminating with its bulbous portion. The anterior wall of the bladder and the corresponding abdominal parietes were absent. Before operating, the doctor stated the faint hope of success he had, and the anxiety of the patient to have something tried. Says he, "gentlemen, within a few days I have put a new *bottom* in a Dutch woman's bladder, and it seems as if I ought to put a new *top* in a man's." Having then fully etherized the patient, he proceeded to the operation, which consisted, first, in fashioning a urethra on the back of the penis, by reflecting the skin from the anterior aspect, and next by dissecting off semi-circular flaps from the circumference of the vesical opening, bringing them together in the median line by means of Pancoast's plastic sutures, and securing them upon Boseman's lead plates. The operation was a very long and tedious one. At the expiration of two hours and a quarter, the patient was removed from the theatre to make way for a lecture by Meigs, and yet the operation was not concluded. The great difficulty was to obtain skin enough to cover the denuded surfaces. At the outset, the attendance of students was very large, but, as the dinner hour approached and passed, the spectators retired, until but very few remained. The case is here regarded as one of great interest, and for this reason I have mentioned it.

The attendance of students at the medical colleges is much the same as last year, judging from the looks of the benches. The new professor at the Jefferson takes up his subject of materia medica alphabetically, and puts more energy into his delivery than any like lecturer.

Dr. Agnew, of College Avenue, who keeps a private dissecting-room, has a class of two hundred students—rather a large body for one man to gather.

Dr. J. J. Woodward, of the University, has just fairly got under way with a series of lectures upon pathological anatomy—the first ever delivered, as such, in Philadelphia! In his course, he demonstrates microscopically to the whole class the appearances of morbid tissues. The microscopes are placed on tables mounted upon rollers, and thus the instruments are readily passed from student to student, who have in turn been previously instructed in their use. The course reflects honor upon its originator.

Dr. Harlow, of Cavendish, Vt., is in the city. He is the surgeon who attended the famous iron-bar-in-the-head case, which occurred several years since in Vermont.

It is a matter of regret that the Pennsylvania Hospital Library—the largest in the country—should be so difficult of access to a non-resident physician. The librarian certainly has not the opportunity to extend the urbanities which the Boston librarians accord to callers. The students, also, complain.

The *public* course upon operative surgery, instituted a year since at the University, is still in successful operation. Not students only,

but practitioners of some years standing, who have come to Philadelphia to renew their lore, are found in its classes.

Truly yours, R. S.

Philadelphia, Pa., Feb. 11th, 1858.

P. S.—Feb. 13th.—The exstrophied bladder case promises ill. The urine is trickling through the edges of the wound. R. S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 25, 1858.

AUSCULTATION IN BOSTON IN 1793.

To talk about auscultation as employed for the diagnosis of disease during the last century, will perhaps be received with a smile of incredulity; and yet whoever will consult the Memoirs of the American Academy of Arts and Sciences, Vol. II., Part I., 1793, will find a case in which the application of the ear to the chest of the patient enabled the physician to diagnosticate the fact of a communication of an abscess in the thoracic walls with the lung. It is interesting to observe that the individual who came so near immortalizing himself by the discovery of auscultation, was the celebrated Dr. Edward Augustus Holyoke, or *Master* Holyoke, as his pupils still delight to call him, who was no less distinguished for his scientific attainments, and professional skill, than for the fact that he lived to upwards of one hundred years in the full possession of his faculties. The following outline of the case is taken from the Memoirs of the Academy, to which it was communicated by Dr. Holyoke.

The patient was a man of about 53 or 54 years of age, of a thin habit of body, with a very bad cough, hectic fever, profuse sweats, &c. He had a large tumor, of about the breadth of the hand, below the left clavicle, extending from the shoulder to the sternum. This tumor had all the appearance of an abscess, and was treated as such. Suppuration appeared to be coming on, when, one day, it appeared less prominent than usual, and was flabby to the touch, while the pain and inflammation had abated. The physician was at a loss what to make of the case, when the patient asked, "what could occasion that blubbering noise in the sore?" "On applying my ear to the part," says Dr. Holyoke, "I plainly heard a whizzing, and, as he termed it, a blubbering noise, at every breath, exactly resembling such as arises from the rushing of air through a small orifice. This orifice appeared to be just under the left clavicle, but nearer to the shoulder than the sternum. Upon viewing the part attentively, a small dilatation and contraction was perceptible upon expiration and inspiration, and the part was evidently puffy and flatulent to the touch. At this time the cough was very urgent, and the expectoration very copious." The swelling, inflammation and hardness subsided, the noise in breathing gradually lessened till it ceased, the cough, hectic and sweats left him, the appetite and strength slowly returned, and the patient was in tolerable health when the case was reported.

Dr. Holyoke's opinion was, that the abscess formed in the thoracic parietes originally, and afterward penetrated to the lung, which be-

came adherent to the walls at this part, and discharged itself through the bronchi. The abscess having a communication with a cavity in the lung, air from the latter would pass into it with every expiration, and be drawn back again with every inspiration; "and this passing and re-passing of the air," continues Dr. Holyoke, "will fully account for the noise which the patient complained of."

Taking into consideration the emaciation, cough and hectic fever, it seems probable that the case was one of empyema, from pleuritic inflammation, in which the matter pointed outwardly, but before discharging through the skin, burst into the lung, and was evacuated through the bronchi. The pathology of thoracic diseases being less perfectly understood at that time than at present, it is not surprising that Dr. Holyoke should have supposed the abscess to have formed externally to the pleuritic cavity, and to have afterward made its way into the lung. But however the fact may have been, the case is one of great interest, as showing how near a person of more than common sagacity may approach to a great truth without discovering it. This is not the first instance in which the great discovery of Laennec was almost anticipated. Dr. Walshe has happily chosen as a motto for his work on the "Diseases of the Lungs, Heart and Aorta," a quotation from R. Hook, written in 1705—"Who knows but that we may discover the works performed in the several offices and shops of a man's body by the sounds they make, and thereby discover what instrument and engine is out of order?" Had Dr. Holyoke thought of applying the knowledge he obtained in this case to the diagnosis of thoracic diseases in general, his name would have gone down to posterity as one of the most illustrious in the annals of medicine.

PHYSICAL DEVELOPMENT IN AMERICANS.

Under the above caption, the *London Times* has an article, couched in friendly terms and founded upon truth in the main, although certain assertions it contains seem to us erroneous. That the "*Thunderer*" should so far condescend as to step from its path sublime, and not only take a kindly interest in our welfare, but actually quote from one of our journals, is something to be mentioned. It is the "future destiny" of the American people which has inspired the *Times* upon this theme; and in reply to its own question, what that destiny is to be, it begins with the well-known fact that we sprang "from the old English stock." None should be more proud of this than ourselves, and putting aside the inherited glory of England to which we may lay some claim, we may look with pride at the *physical* attainments of her sons and daughters, and strive to emulate those athletic and healthful pursuits which enlarge, strengthen and beautify the human body.

Referring to certain statements in the Philadelphia *Evening Journal*, the *Times* has the advantage of a strong position, and virtually turns our own guns against ourselves. The Philadelphia paper is more severe in its strictures than any we have yet known to approach the topic, and we must confess that it has had, and to some extent still has, ample ground for the statements it makes. The tendency of such critics is, however, rather to exaggerate—indeed this is one way, and often a very effective one, of calling attention to an important subject, particularly to a crying evil.

We have several times descanted, in the pages of this JOURNAL, upon the neglect of exercise and manly sports which has hitherto very justly elicited the blame and the warnings of medical men and others interested in the physical and mental well-being of our great community. Were it the body alone which is thus injured, poorly developed and abused, it were less to be deplored, than that the mind and the temper so greatly suffer when proper exercise of the muscles and due oxygenation of the blood are neglected. To assert, however, that this state of things is universal in America, is not correct. The evil is also much less than it has been, if we are not greatly mistaken; and we think this last assertion is applicable to those very localities and to the classes of population, where not long since the neglect was greatest—we mean in the heart of large cities. So far as Boston is concerned, we see increasing evidence, daily, of that love for manly sports amongst our youth which will finally become the rule, not the exception. The game of cricket, as the *Times* notices, has been introduced here, and is, as it deserves to be, a favorite. Other games at ball, and gymnastic exercises, are followed with zest by our young men, many of whom are proficients in fencing, boxing, and other such vigorous and useful exercises. This winter, also, more than ever, has the fine exercise of skating been in vogue. It has, indeed, been the fashionable recreation; and young ladies who used perhaps to bake themselves over furnaces, and addle their brains with unprofitable reading, or cramp and contract their chests over fancy-work, now set their little feet into the shoes of the elegant skates, and spread their *crinoline* to the favoring and healthful north-west breezes. *Vive la crinoline* in such guise!

Yes, Mr. *Times*, we are reforming—but do not intermit your thunder. Favor us with a peal or two occasionally, and allow us to correct one or two misapprehensions you have fallen into. You assert that "it is certain that the Americans, both young and old, are with difficulty led to take any muscular exercise." Such, doubtless, has been the fact, as we before intimated, in certain localities and certain classes of our population; but we venture to say, the great majority of our school-boys and girls have ever been as ready for hearty play as any in the world. Young men have, it is true, been altogether too prone to loiter, sit still and smoke, or else drive fast horses; but to say that "gentlemen will never walk if they can possibly drive, and when they have no particular object in going anywhere, sit down and smoke," is, we believe, slightly inflating the facts. That too much of this laziness is still indulged in, is doubtless true; but the converse, unless we greatly mistake, has long been the case. It is surely not *now* the fact that "the only sports of an American are shooting and driving," as we have stated above. We cordially unite with Jupiter Tonans of London in the following remarks:—"Boys and girls should not be dressed up within an inch of their lives from the age of 10 or 12, and taught that it is vulgar to soil their 'pants' or compress their crinoline." We may add to the above, the suggestion that boys should be taught to call things by their right names, and to say trowsers instead of "pants," which, as Dr. Holmes hath it, is "a word not made for gentlemen but gents;" and also that school-girls, at least, should not wear crinoline at all; it makes them very ridiculous, and must restrict the free and easy sports in which they should indulge.

Another sentiment from England in which we concur, is, that the system of active exercises attached to the schools there, should be adopted here. Of its good results, there cannot be a question.

The *New York Times*, of February 17th, in whose columns we find the article from its London ancestor, takes up the subject in a spirited editorial, from which our space does not allow us to extract certain paragraphs which we had marked for that purpose. While we dissent from its position that "a comparison of the official representatives of the two nations" (meaning those holding official positions) affords a standard for estimating their actual physical condition, we were interested to observe the number of hale and hearty gentlemen of distinction which are enumerated upon both sides, as representative men. The New York journal might, we think, have named others upon the English part. Against Lord Palmerston, vigorous at 74 years of age, and Lord Lyndhurst (who is carefully claimed as a *Bostonian* by birth), in fine working condition at 86, there are arrayed Secretary Cass, 76, active and strong as ever; President Buchanan, "an extremely English-looking old gentleman, in good health, and showing an unimpaired capacity for business at the age of 70"; General Scott, "a splendid, tall and hearty old warrior of 72," ready for service at any time; Commodore Stewart, "as bluff-looking and vigorous at the age of 80, as any Admiral in the British fleet"; and "the Chief Justice of our Supreme Court," a diligent student at the age of 81.

The question of superiority cannot, however, be settled by picking out a few men in each nation, for comparison, but the masses must be estimated. Our eastern lumber-men and our western trappers and hunters will compare favorably for bone and muscle with any men in the world.

We unite cordially in the call, from whencesoever it comes, for a full allowance of exercise and sports to young and old, to boys and girls, men and women.

SECRET REMEDIES AND CRIMINAL ABORTION.

At a meeting of the Councillors of the Massachusetts Medical Society, held Feb. 3d, the following resolutions were adopted.

"*Resolved*, That the Massachusetts Medical Society deem it dishonorable in its Fellows to append their names in any way recommendatory of secret or quack remedies, and any Fellow so exhibiting his name shall be considered as acting in a manner derogatory to the dignity of a Fellow of this Society.

"*Resolved*, That if any physician or chemist, through inadvertence or misapprehension, shall have been induced to give his recommendation or authority in any way to promote the circulation or sale of any secret or empirical medicine, he shall be expected publicly to disclaim or revoke the same.

"*Resolved*, That the Fellows of the Massachusetts Medical Society regard with disapprobation and abhorrence all attempts to procure abortion, except in cases where it may be necessary for the preservation of the mother's life.

"*Resolved*, That when any Fellow of this Society shall become cognizant of any attempt unlawfully to procure abortion, either by persons in the profession or out of it, it shall be the duty of such Fel-

low immediately to lodge information with some proper legal officer, to the end that such information may lead to the exposure and conviction of the offender.

"*Resolved*, That no person convicted of an attempt to procure criminal abortion can, consistently with its By-Laws, any longer remain a Fellow of this Society."

A Committee to whom was referred the question whether any alteration in the laws respecting the procurement of criminal abortion were desirable, reported that the existing laws were sufficient if they could be enforced, and that no change was expedient at present.

Monstrosity.—The *Bangor Union* reports the case of a woman, of the town of Bradley, ten miles above Bangor, who was delivered of two boys firmly united by a ligament extending from the hips to the shoulders. There was but one clavicle, "extending from the outer shoulder of the one to the outer shoulder of the other." The patient was attended by Dr. Bradbury, of Oldtown.

"*The Medical Independent*" and the "*The Peninsular Journal of Medicine*," two periodicals published in Detroit, Michigan, are hereafter to be united, and published under the title of "*The Peninsular and Independent Medical Journal.*" It will be under the editorial management of Profs. A. B. Palmer and Moses Gunn, of the University of Michigan, and Mr. Frederick Stearns, a practical pharmaceutist.

Dr. Burgess's Letter from Edinburgh.—An interesting letter from Dr. Burgess, of Dedham, now in Edinburgh, will be found in the JOURNAL of to-day. In a subsequent private letter, dated Jan. 29th, he wishes the following "postscript" added to the one intended for publication. It unfortunately came too late for insertion on page 81, and we therefore give it a place here.

"P. S. Since writing the above, I find that reversing the ends of a right-handed cord does not change it to a left-handed one. To be such, the cord must be twisted to the left in the making. E. P. BURGESS."

Health of the City.—The unusually low number of 67 deaths was reported for last week. There were 6 fatal cases of croup, and only 1 of pneumonia. The number of deaths for the corresponding week of 1857 was 81, of which 20 were from consumption, 17 from scarlatina, 3 from croup and 3 from pneumonia.

Communications Received.—Fracture of the Neck of the Os Femoris.—Transactions of the Providence Medical Association.—A Uterine Cupping Instrument.

Books and Pamphlets Received.—Mesmerism, Spiritualism, Witchcraft and Miracle; a Brief Treatise, showing that Mesmerism is a Key which will unlock many Chambers of Mystery. By Allen Putnam. (From the Author.)—Report of the Butler Lunatic Asylum.

Deaths in Boston for the week ending Saturday noon, February 20th, 67. Males, 31—Females, 36—Apoplexy, 1—aneurism, 1—bronchitis, 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 19—convulsions, 1—cholera morbus, 1—croup, 6—dropsy in the head, 5—debility, 1—infantile diseases, 2—puerperal, 1—erysipelas, 1—typhoid fever, 2—scarlet fever, 7—disease of the heart, 1—disease of the kidneys, 1—inflammation of the lungs, 1—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 2—pleurisy, 1—scrofula, 1—suicide, 1—teething, 2—whooping cough, 3.

Under 5 years, 30—between 5 and 20 years, 11—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 4. Born in the United States, 49—Ireland, 15—other places, 3.

Prize Essays.—At a meeting of the American Medical Association, held at Nashville, Tennessee, in May last, the undersigned were appointed a committee to receive and examine such voluntary communications, on subjects connected with medical science, as individuals might see fit to make, and to award two prizes of one hundred dollars each to the authors of the two best essays. Notice is hereby given that all such communications must be sent on or before the first day of April, 1858, to Grafton Tyler, M D., Georgetown, D. C.

Each communication must be accompanied by a sealed packet containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. Unsuccessful papers will be returned on application to the committee at any time after the first day of June, 1858, and the successful ones, it is understood, will be published in the *Transactions* of the Association.

Committee on Prize Essays—Grafton Tyler, M.D., J. C. Hall, M.D., J. F. May, M.D., Thomas Miller, M.D., Joshua Riley, M.D., Alexander J. Semmes, M.D., W. J. C. Duhamel, M.D.

Washington, D. C., November, 1857.

Arsenic in House Paper.—The subject of injurious effects from green paper-hangings was alluded to in the last volume of the JOURNAL. It is still discussed in the London Journals. Dr. Halley, of Cavendish Square, gives in the *Times* the following account of his own personal experience in the matter:—"In the autumn of 1856 my study, a room some fourteen feet square by eleven feet high, was papered with a newly-made rich emerald green flock paper, and shortly after the room was finished I commenced to work in it regularly every evening for some five or six hours, the room being lighted with gas by a single fish-tail burner. Within a few days I began to suffer considerably in my health from constant headache, dryness of throat and tongue, with internal irritation. I could attribute this to no particular cause, as no change had taken place in my habits, and up to this period my health was excellent. Not to enter too much upon detail, suffice it to say, that after some three weeks I became completely prostrated, almost losing the use of my left side, and was for some time under the care of two physicians. Not suspecting the room, as soon as I had somewhat recovered I returned to my study, and was alarmed to find that after a few days the same symptoms returned, and obliged me to desist; until at last I found that whenever I worked for any length of time in this arsenic-papered room I invariably suffered from the same set of symptoms, which did not come on if I remained in other rooms not so papered." Dr. H. then had the paper chemically scrutinized, and arsenite of copper was found in it to the amount of nearly a drachm to the square foot. The air of the room was also tested, and distinct crystals of arsenious acid were obtained. The paper was at once removed, and the use of the room with another paper, but in every other respect unaltered, afterward produced no bad effects.

Hydrophobia.—Two recent cases of hydrophobia are recorded in the papers. One was produced in an unusual manner. A cow, in Norwich, Ct., after being bitten by a dog, and while suffering under the symptoms of hydrophobia, was offered water to drink in a pail. The froth and saliva from the animal's mouth got into the water, and a Mrs. Randall soon after put her hand into the water to rinse out the pail. A slight scratch on the skin of her hand allowed the poison to be absorbed, and the dreaded disease soon followed, causing her death in three days from the time of the exposure.—The other case occurred in Buffalo, N. Y., in a boy of 13, who was bitten in the nose by a dog three months ago. He died, with the usual symptoms, in three days after the symptoms showed themselves.

Poisoning by Cyanide of Silver.—A man lately drank by mistake, instead of water, a tumbler full of a solution of cyanide of silver, from a large jar near which was standing the tumbler, at an electrotype establishment in New York. Instantly discovering his mistake, a quantity of lamp oil was administered, with a view to make him vomit. A physician was called, who administered emetics without effect. The patient was then taken to the City Hospital, where he died shortly after being admitted. A *post-mortem* examination showed that the lining membrane of the stomach was entirely destroyed, and the brain and left lung congested. Had the jar been marked "*poison*," the fatal mistake would not probably have happened.

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THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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FRACTURE OF THE NECK OF THE OS FEMORIS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—In the *New England Journal of Medicine and Surgery*, No. 4, Vol. I., October, 1827, I reported a case of fracture of the cervix femoris within the capsular ligament, in which there was a perfect cure; and as an opportunity has since been obtained of an examination of the fracture, I have thought it might not be uninteresting, especially to the junior members of the profession, to re-publish in part the case, with the views then taken, together with the appearances on a *post-mortem* examination.

This patient was a man of a feeble constitution, æt. 52, who on July 22d, 1824, fell in a saw mill, from a height of 16 feet, and struck on the left thigh and trochanter. When he was raised, the leg stood at an angle of about 40 degrees from the body, but it was immediately brought into place by an assistant. On examination a few hours after the accident, the foot and knee were found everted, the limb was slightly shortened, but could easily be brought to its natural length, there was a sensible alteration in the position of the trochanter major, and when the patient was directed to bear on the affected limb, it gave him great pain in the region of the trochanter minor. The nature of the accident was made known, and constant extension for at least ninety days recommended. Objections were made by the patient to any appliances, more particularly on account of a pectoral affection, which rendered a recumbent position uncomfortable for any considerable length of time, and also in the hope that the accident might not be of so serious a character as represented.

The limb was placed in the most comfortable position, and directions were given the patient to remain as quiet as possible. On the fifth day it had contracted two and a half inches, and the eversion of the foot and knee was greater than on the day of the accident. By steady extension it could be brought to its natural

length, but when this was removed it would readily contract again with a slight jerk, and an increase of pain; this was greatly aggravated by rotation inward. There was but little swelling or external inflammation about the joint.

Sir Astley Cooper's views and treatment in cases of this character were examined, and made known to the patient, together with the reasons why they should not be adopted as a rule of practice. Mechanical appliances were instituted, and for seventy days constant extension was kept up, together with such lateral compression as the circumstances indicated; after which, permission was given to sit up more or less, and move the limb with the greatest care without bearing any weight on it. In about four weeks after the limb was taken out of the apparatus, he began to walk with a cane, and shortly after recovered entirely, without any shortening or apparent eversion of the foot or knee.

For a description of the apparatus and its mode of application, reference is made to the full report of the case.

This patient died of phthisis pulmonalis nine years after the accident; and upon examination, the neck of the os femoris was found to have been fractured transversely near the head, and firmly united with ossific union, somewhat shortened and enlarged. A small spiculum of bone, about half an inch long, and one fourth wide, lying near the cervix, seemed to grow out from that portion of the edge of the fracture belonging to the shaft. No considerations could induce the friends to let me have this specimen for the benefit of science.

Whether this is the first well-attested case in this country of a perfect cure of fracture of the neck of the femur within the capsular ligament, I am not able to say; but it is believed that no one questioned the soundness of Sir Astley Cooper's views upon this subject until this case was reported. This eminent surgeon objected to making mechanical appliances in fracture of the neck of the os femoris within the capsular ligament—1st, on account of the difficulty of keeping up constant extension; 2d, of making lateral compression; 3d, that bony union never took place when the fracture was within the capsular ligament. In answer to these views, it was considered that constant extension could be maintained, and had been, in the case above reported, and that lateral compression could be carried to any extent which the nature of the case required. Sir Astley's third objection, that bony union could not take place when the fracture was within the capsular ligament, because "the neck and head of the bone are supplied with blood from the periosteum of the cervix, and the reflected membrane which covers it, and that when the bone is fractured, if the periosteum be torn through, and the reflected membrane broken, to which there can be but very rare exceptions, all the means of ossific action are, in consequence of such fracture and lacera-

tion, necessarily destroyed in the head of the bone," required a more full consideration.

It was contended that the whole cavity of the joint was surrounded with the synovial membrane, which was reflected over the neck and head of the bone; that the bone is kept in place by strong ligaments; that the periosteum does not cover the head of the bone, or that portion within the capsular ligament; that the vessels which enter into the synovial membrane, and go to form the round ligament, and nourish the head of the bone, are reflected from the acetabulum over the round ligament to the head of the bone, as well as from the neck, and that they inosculate with each other. In fracture of the cervix femoris, the reflected membrane may be broken, but the means of ossific action are not destroyed, as the head of the bone is nourished from vessels that pass from the acetabulum over the ligamentum teres, which keep up its vitality. The same process which forms the bones in the fœtus, and promotes their growth and hardness, is carried on to unite them when fractured. This is retarded or facilitated according to circumstances. The situation of the fracture may render it slow, or old age and an impaired constitution may entirely suspend it, in parts endowed with a low degree of sensibility and vital action; but in a good constitution, when the broken extremities are reduced and kept in contact a sufficient length of time, ossific union will usually take place.

If parts destitute of periosteum cannot be united with bony union, as is contended, we are led to inquire by what action the extremities of several of the bones are formed, as of the femur, the olecranon process of the ulna, and the scapular extremity of the clavicle. Does not the same action produce the extremities of the bones that forms the other parts, differing only in degree, thereby requiring a longer time for the deposition of bony matter? And will it not as certainly unite them when they are fractured? If parts separated from the system, as the nose, ears and fingers, can be united, and do well; if the spur of the cock can be transplanted into the comb and thrive—can there be any inconsistency in believing that in fracture of the cervix femoris there remain sufficient vitality and natural action to repair the injury?

It was also observed that the experiments of Sir Astley Cooper were not conclusive, nor to be relied upon, because they were made upon animals, and could not be treated upon the correct principles of surgery; that it was impossible to produce a transverse fracture of the cervix femoris in an animal, and treat it so as to admit of ossific union, and therefore all such experiments were only calculated to mislead, and should not be relied upon in establishing general principles of practice. From the anatomy and physiology of the hip-joint in the human subject, we have good reason to believe that ossific union would take place in fracture of the neck of

the bone, when treated according to the nature of the accident and condition of the parts affected.

Since the above case was reported, many fine specimens of union of the neck of the femur have been collected, and the principle seems to be well established that ossific union may be expected in fracture of the neck of the femur within the capsular ligament, when all the indications are met.

It might be well to inquire why so few cases of this character are cured, and so many abandoned to die, or become cripples for life. Most fractures of the neck of the femur are in old people, or those with an impaired constitution, who are considered unable to bear the long confinement necessary to insure ossific union, and who would be better treated with reference to making them as comfortable as possible; but it is believed that many are left, who by judicious treatment might receive permanent cures. With our present improved appliances, every indication can be answered, and the long confinement necessary to a cure made quite easy.

In fractures in parts with a low degree of sensibility, or where ossific action does not readily take place, the treatment should be the more carefully attended to.

The sooner after the accident the bones are placed in apposition and maintained there, the greater probability of avoiding that inflammation in the cavity of the joint which produces a superabundance of synovia, which so often prevents the deposition of ossific matter.

It is highly probable that in every case, however favorable, there is an increased secretion of synovial fluid; but if lateral compression be perfectly maintained, so as to keep the fractured extremities in contact, absorption will take place, and bony matter be deposited in due time. In treating fractures of the neck of the femur within the cavity of the joint, sufficient attention is not paid to lateral compression. The limb may be brought down to its natural length in transverse fractures, and yet the ends of the bones may not coaptate; and, furthermore, if lateral compression is not sufficient to hold the broken extremities so firmly together that the acetabulum will roll on the head of the bone when the body is raised, leaving the fractured extremities perfectly at rest, then the head of the bone will be carried forward with the acetabulum, and break up all union that may have commenced.

As the broken surfaces are rough, they may be brought into perfect apposition and maintained, so that all necessary movements of the body may be made without endangering displacement. Whenever the body is to be moved in the least, the lateral compression should be correspondingly increased. Our appliances must be so perfectly arranged that every indication in the case may be fully answered, or we shall have no hope of effecting bony union.

In addition to mechanical appliances, and attention to the com-

fort of the patient, the general condition of the system should be carefully attended to. Some patients will require depletion and the antiphlogistic regimen; while others must be treated with tonics, stimulants and a generous diet.

If perfect extension be kept up for a few weeks, the contraction of the muscles will be so much overcome that the patient will suffer but little from it; but lateral compression should not be omitted at any time until permanent union has taken place. The least motion in the fractured extremities may break up the provisional callus, and entirely destroy the recuperative power in the parts. Whenever lateral compression is abandoned, if union has not taken place, the inclination of the limb to rotation outward will most assuredly displace the bones, so as to prevent ossific union. We have seen cases which seemed to be of this character.

The difference between treating a case of fracture of the neck of the femur, and common fracture, is very great. While in the one case union readily takes place, and sometimes without surgical aid, in the other it is effected only by the most careful treatment.

Before undertaking to manage a case of this description, the surgeon should well consider whether he has skill, and appliances to fully meet every indication, or he should attempt nothing. It is better to "own up at once," than to fail for the want of those means without which we cannot expect success.

Haverhill, N. H., Feb. 4th, 1858. P. Spalding, M.D.

PERFORATION OF THE TYMPANUM—DEAFNESS—RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The annexed case of deafness, induced by perforation of the tympanum from acute and long-continued inflammation, is copied from my note-book. I beg leave to present it to you, hoping that the subject of treatment in such cases will be taken up and discussed with that ability and perspicuity which mark the efforts of our more distinguished physicians.

Very respectfully, James B. Hallinan.

Boston, February, 1858.

Jane W. S., æt. 9 years, having a large head, pale countenance, thick lips, and sallow complexion, with a flabby condition of the entire muscular system, had been affected for the last five years with deafness, and a copious discharge of purulent matter from the right ear, which made its appearance soon after recovery from an attack of scarlet fever. At first she complained of a sense of acute pain in the ear, which deprived her of rest during the night; and after having experienced much suffering for a fortnight, she became suddenly relieved by the appearance of a profuse discharge from the affected ear. The disease progressed, unrelieved

by every variety of treatment adopted for its removal. In the course of the last two or three years, it had become very disagreeable, in consequence of the increase of the discharge, accompanied with an exceedingly fœtid smell. She was excluded from the society of visitors to the house, and became an object of much anxiety to her family and friends. The appetite was generally good, the hands and extremities were usually cold, the pulse languid, the tongue pale and flabby, and the general tone of the system depressed, with a tendency to enlargement of the cervical and parotid glands, the *tout ensemble* presenting an instance of an æsthenic disease, engrafting itself upon an originally feeble constitution. In the course of the disease, ulceration of the mucous membrane had taken place, and caries of the mastoid cells had just commenced, which induced the highly fœtid discharge spoken of. The sense of hearing was lost, except when the patient was spoken to in a loud tone. The tympanum was slightly perforated; its membrane was considerably thickened, so as to have lost the power of vibration under the ordinary degrees of sound.

The treatment had hitherto consisted in syringing with tepid water, aperient medicines, and the iodide of potassium, but had never been followed up with the intention of bringing the constitution under the influence of any particular system of medication; and the patient having passed through the ordeal of every variety of absurd treatment, was finally abandoned to the resources of nature, which in this instance were inadequate to effect a cure.

Having received the case in the condition described, I principally directed my exertions to the improvement of the constitution; and to rectify the innate debility of the system in general, she was ordered powders of bicarb. sodæ, pulv. rhei, and precipitated carb. ferri, in suitable doses, twice a day, with a tonic mixture of tinct. cinchonæ, sulph. quiniæ, and dilute sulph. acid, three times a day, with a generous regimen, consisting of animal diet, a wineglassful of London porter three times a day, flannel next the skin, tepid baths at night, and carriage exercise in the open air. To correct the fœtor of the discharge, lotions with creosote, alternated with solution of chlorinated soda in rose water, were resorted to. Mild counter-irritation over the mastoid process was occasionally employed, and the solid nitrate of silver was applied to the perforation of the tympanum. The treatment resulted, in the course of time, in the perfect closure of the aperture.

By continuing this treatment—varying, however, the formula, in giving sometimes the syrup of iodide of iron instead of the powders—and strictly attending to the state of the digestive organs, the disease, in the course of twelve months, yielded to the treatment; the hypertrophied condition of the tympanum became considerably diminished, so as to be readily influenced by the milder degrees of sound, and the sense of hearing in consequence became vastly im-

proved. The system became much developed, and the discharge by degrees disappeared, so as to enable the patient to enjoy herself and form a pleasing member of society again. She is now entirely well, after having submitted to a course of treatment for the last thirteen months.

In our consideration of these cases, when coming under treatment, we should view them as having a constitutional rather than a local origin. We shall thus be more likely to accomplish a certain improvement, and shall be secure against the danger of suddenly arresting the discharge in young children, which may produce pressure on the brain and rapidly terminate in death—a case of which I witnessed not long since. In this instance, the patient was a boy seven years old, and of a strumous diathesis. The discharge existed for three years, and was very profuse, particularly in damp weather; and the air of his residence was very impure and confined. An astringent lotion was resorted to, as the basis of the treatment, by which the discharge was suddenly arrested. I was called to see the case at 12 o'clock the following night; the child was then laboring under the influence of pressure on the brain, and died in forty-eight hours after.

In case of deafness of one or both ears, not accompanied with any discharge, the cause will frequently be found to consist of thickening of the mucous membrane of the Eustachian tube, from its guttural orifice to the cavity of the tympanum, with closure of its canal. The discharge of the natural secretions from those parts into the fauces is thus prevented, as well as the ingress of atmospheric air into the cavity of the tympanum, by the deprivation of which its equilibrium is lost, and imperfection in hearing is the natural consequence. Associated with this pathological state of the tube, will be found catarrh of the head, extending to the mucous membrane of the floor of the palate and posterior nares, affecting the orifice of the Eustachian tubes in adults, inducing alteration of structure and interruption of function, requiring every means calculated to restore tone and action to the parts, and demonstrating the inutility of trusting to external and superficial means, since the balance or support to the tympanum is lost, in consequence of the interruption through the Eustachian tube of the necessary supply of atmospheric air.

It is to the unobstructed condition of the Eustachian tube, and to the combined influence of the tensor and stapedius muscles, in the state of repose, that sound in its ordinary character is conveyed to the brain, where, after having submitted to the test of quality in its transit through the cochlea and semicircular canals, its makes that final impression by which we judge of its cause, nature and effect. It is in proportion to the intensity of sound, that the tympanum is rendered tense by those muscles which govern its actions, and accommodate its functions to the concussions of sound,

which, when coming suddenly and unexpectedly, cause, not infrequently, paralysis of the auditory branch of the seventh pair of nerves, with total loss of hearing. When reposing in its ordinary state of tranquillity, affected only by the vibrations of sound such as take place in the ordinary course of familiar conversation, a certain proportion of atmospheric pressure becomes necessary to sustain its functions, in transmitting those softer and more pleasing modifications of sound to the brain; and it is either to the absence of this support from closure of the Eustachian tube, or to chronic thickening of the external layer of the tympanum, from inflammation and continued purulent discharge, that deafness is owing, in nine cases out of ten. This will often yield to the well-directed efforts of an intelligent physician.

It is from the combined influence of the tensor and stapedius muscles, with a due support from the admission of air into the cavity of the tympanum, that the sense of hearing is balanced to the nicest possible degree in animals endowed with it most acutely. The power of the tensor muscle, in such cases, is more than ordinarily under the control of the will, by which the adjustment of the membrane is rendered so perfect, as to convey the softest and gentlest vibrations to the centre of innervation, and give the necessary signal of alarm. So in man, the action of this condition of the tensor muscle becomes, by practice, much improved, depending, in fact, upon a compromise between the antagonistic functions of the tensor and stapedius muscles, and constituting what is called an educated ear, which musicians and vocalists of celebrity enjoy to an extraordinary degree of perfection.

In the louder degrees of sound, the tympanum, under the influence of the tensor and stapedius muscles, is rendered exceedingly tense, by which the functions of the auditory nerve are protected from lesions consequent upon concussions of sound. As the iris excludes, by its contractions, the ingress of a superabundance of luminous rays to the posterior chamber of the eye, which would inconveniently affect the functions of the retina, so does the tensor muscle of the ear, under loud concussions of sound, by its action on the tympanum, protect the auditory branch of the seventh pair of nerves from injury.

CASE OF EXOSTOSIS OF THE HUMERUS.

BY HENRY M. SAVILLE, M.D., OF QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

Charles P., æt. 25, came under treatment December 3d, 1857. He is a small, spare-built man, of lymphatic temperament; has hereditary predisposition to consumption, several generations of his family having fallen victims to phthisis. About eight years ago, a small bony tumor appeared upon his right humerus, just above the

insertion of the great pectoral muscle. The tumor rapidly increased in size—caries supervened, and spicula of bone were extruded for several months. The wound, however, at length healed, the arm regained its original strength, and nothing but an extensive cicatrix remained to indicate the severity of the disease. But last August, after an interval of seven years of perfect health, he experienced severe paroxysms of pain in his right arm, so acute as to render him incapable of motion of any kind—and at the same time another bony mass appeared just below the insertion of the deltoid. An unfavorable prognosis of the case was given by his physician, and he was led to prepare for an extensive necrosis of the tumor. About the middle of November, he determined to consult a female spirit medium, who has effected several marvellous cures in this vicinity. This medial lady, influenced by the ghost of Dr. Nathan Smith—*venerabile nomen*—promised to dislodge the peccant tumor, and restore him to vigorous health in a fortnight. But in spite of her benevolent designs and poultices—her mesmeric passes and heavenly influences—the tumor obstinately refused to be conjured out of existence, and continued to augment in bulk.

About six weeks ago, becoming dissatisfied with the treatment he was being subjected to, he came under my care. At that time the exostosis measured four inches in length, with a broad, well-defined base, resembling in appearance the contracted bellies of the anterior humeral muscles. He suffered extremely from lancinating pains in the tumor—his arm had lost its strength, and felt, as he expressed it, as if it were dropping off. My impression was, that so large a cancellous tumor, under the peculiar circumstances of the case, would be destroyed by caries; and without much hope of promoting the absorption of so large a mass of bone, I advised cold douches, the frequent application of ung. iodini, with the internal use of iodide of potassium to the extent of a drachm and a half daily in syr. sarsaparillæ comp. Under this treatment, the tumor began to diminish in size, the acute pains he had suffered so long left him, and, after the lapse of six weeks, his arm had nearly regained its natural shape and strength, so that he told me he could "lift a stove or handle a hammer as well as he could six months ago."

There seem to be two points of special interest in this case:—First, the rapid disappearance of so large an exostosis, when the peculiar history of the case seemed to warrant a less favorable prognosis; second, the large amount of iodine taken into the system (amounting to four ounces of the ointment and more than a pound of the iodide of potassium) not only with positive benefit, but without ptyalism, soreness of the fauces, or any of the unpleasant effects which usually follow the exhibition of large doses of this medicine.

February, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Dec. 28th.—*Cancerous Disease.* Dr. Jackson presented the specimens and reported the case, which occurred in the practice of Dr. M. S. Perry.

Mrs. S., 50 years of age, delicate and dyspeptic, was first seen in March, 1857, for a tumor of the forearm, midway between the elbow and wrist. It had existed for eleven years. It had grown rapidly within the previous four months, and been painful during the last two weeks of that time. It was superficial, movable, elastic, and about the size of a hen's egg. It was removed by Dr. Hodges; and, upon section, presented the gross appearances of encephaloid, and a microscopic examination by Drs. Ellis and Shaw gave unquestionable evidence of its malignant character. Two or three weeks after the operation, she began to have nausea and loss of appetite and strength, with occasional attacks of pain in the right hypochondrium, and subsequently vomiting. In August she began to raise blood, coughing just enough to bring it up. For about two months before her death, she had jaundice, and a tumor was detected in the epigastrium, at first to the right of, and afterward extending across, the median line. The smallest quantity of food, or liquid of the simplest character, taken into the stomach, caused intense suffering. In July a tumor appeared between the cicatrix of the one removed and the wrist. She kept her bed for the last three or four months of her life. The hæmoptysis, though never very great in amount, continued till her death, which occurred Dec. 24th, 1857.

Sectio Cadaveris.—There were found in the lungs three or four tumors, rounded, defined, opaque, rather soft, deeply stained with bile, and of a well-marked encephaloid appearance, but, on microscopic examination by Dr. Ellis, showing none of the appearances usually observed in cancer. A tumor, the size of a hazelnut, of apparently the same character as those found in the lungs, was also found just below the thyroid gland.

The right extremity of the pancreas formed a very soft tumor, about two inches in diameter, and on cutting it open a cavity was found, filled with something like grumous blood, but without coagula. On sponging this out, the interior of the cavity was rough, but on careful examination nothing of an encephaloid look was found about it. At the left extremity of the pancreas, however, encephaloid was commencing. The bile ducts were much distended, as far as the tumor, and in the gall-bladder were two calculi, of an ovoid form, quite compact, and about as large as the top of the fore-finger. One of the calculi was considerably worn at each extremity, and the other at one only; from which a change of position in the first, at some former time, may be inferred. The common duct was so firmly compressed, where it passed over the tumor, that on being cut into, air could not be forced through from above, though with much difficulty it could be from below; on being laid open, this duct was found healthy.

Other organs not remarkable.

The interesting points in this case are—the unusual situation of the

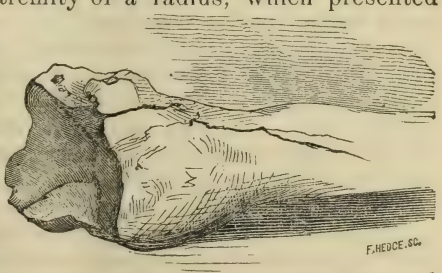
primary disease, and its long duration for a case of encephaloid; the recurrence of the disease below its original seat, in regard to the course of the lymphatics: the effusion into the head of the pancreas when the organ seemed healthy about it, and when no tendency to hæmorrhage was shown elsewhere: lastly, and particularly, the fact that the tumors in the lungs did not show the microscopic appearances of cancer, though otherwise there was no question of the nature of the disease.

Dec. 28th.—*Knots in the Umbilical Cord.* Dr. Coale showed the specimen. There were two knots, about four inches apart, one being double, or what is sometimes called a figure-of-8 knot, and which is extremely rare.

Dr. Storer supposed these knots to be produced by the motions of the fœtus, and mentioned, in connection, a case which occurred some time since, in which the patient, seven or eight months advanced in pregnancy, being under a bed for some purpose, was suddenly surprised in that position, and hastily backing out, immediately had the usual symptoms of a dead child, of which she was delivered ten days after. A knot was found in the cord, so tightly drawn as to fully account for the death of the child by impeding the circulation. He also alluded to a case, reported by Dr. Bowditch, where there were three knots. He remarked that the cord in these cases is generally unusually long, and hence the greater liability to such an accident from the motions of the fœtus.

Jan. 11th.—*Fluid from a Hydrocele containing Spermatozoa.* Dr. Ellis showed the specimen, which was from a patient of Dr. Cabot. The fluid was of a milky appearance, and the quantity of spermatozoa quite large. Dr. E. supposed their presence in this fluid to be owing to dilatation and rupture of the seminiferous ducts. Dr. Cabot had in two other instances found spermatozoa in the fluid of a hydrocele—this having in both cases the milky appearance so noticeable in the present specimen.

Jan. 11th.—*Stellate Crack of the Radius at the Wrist.* Dr. H. J. Bigelow showed the carpal extremity of a radius, which presented on its articulating surface a star-shaped crack, without displacement. Slight corresponding cracks were seen in the shaft for more than an inch. The patient had entered the Hospital, under Dr. B.'s care, for other injuries, which ultimately proved fatal. At first, complaint was made only of lameness at the wrist, like that from the effect of sprain; but at the end of several days the joint exhibited swelling and tenderness, which, from its persistence, led Dr. B. to diagnosticate a stellate crack in the articulating extremity of the radius, as a probable result of the fall, he having met with a similar case two years ago—when a patient with the same symptoms had died of other injuries and exhibited a crack in the same place, but less extended than this. Dr. B. remarked that the bones of the wrist doubtless acted as a wedge to spread the corres-



ponding hollow of the radial extremity—and that this specimen would explain the persistence of some cases of sprained wrist.

Jan. 25th.—*Vesical Calculus.* This specimen was presented some time since to the Society by Dr. J. Porter, Jr., of North Brookfield, through Dr. Gould, who read the accompanying history of the case.

The patient, F. C., a resident of Worcester County, was adopted by I. S. as his son when he was three weeks old. His mother says he was always troubled in passing his urine, more or less, from early infancy. The first time he passed any blood in it was at the age of 9 years. He suffered great pain for several days, had febrile symptoms, and was unable to sit up for eight or ten days. For two or three years, he had similar attacks, two or three times in each year. These attacks afterward grew more severe and more frequent, occurring as often as every month till the first week in May, 1856, when he took his bed and there remained confined almost constantly until the time of his death, which took place June 21st, 1857, he being at this time 27 years old. He never walked without assistance, even from the bed to the chair, and was not free from suffering so much as a whole day at a time during the last year of his life. There was the greatest difficulty in passing urine; sometimes he would remain on his hands and knees for two hours, before being able to void a drop. It began to pass involuntarily about the first of September, 1856, and continued to do so till he died. Before the involuntary discharge of the urine, in his agony he would frequently seize the end of the penis and grasp it so hard as to cause the blood to flow freely. For the last five years of his life, he could never sit erect, but always leaned forward and walked in a bent position—placing his feet on the ground with the greatest care. He could walk much better than he could ride.

Dr. Porter attended him after he was confined to his bed, and, though fully aware of the presence of the calculus, could never persuade himself that an operation would be justifiable, on account of the wasted strength of the sufferer. Sleep, and relief from suffering, were obtained by means of opiates during the last two months of his life. The bowels were moved daily, but he steadily lost flesh, and at death emaciation was extreme.

Sectio Cadaveris.—The examination was made twenty-four hours after death. Upon opening the abdomen, the mesenteric glands were found enlarged, and the omentum, intestines, &c., surrounding the bladder, in a condition evidently the result of inflammation. The bladder appeared very much contracted and diminished in size, and on cutting into it the coats were greatly thickened. Within its cavity a pear-shaped stone was found, with its smaller extremity crowded into the neck of the bladder, and the base in contact with the mucous membrane, which was very red and much of it ulcerated away. The stone measured, at the time of its removal, $3\frac{1}{2}$ inches in length and $1\frac{3}{4}$ inches in width, and weighed $3\frac{1}{2}$ ounces.

The left kidney was somewhat diminished in size, and contained, in its cones, small deposits, of apparently the same material that composed the stone—these being in thin layers, about half the thickness of a wafer, with a little secretion of pus underneath. The deposit seemed like a crust on the inside of the cone, but not covering the whole surface, a thin scale appearing here and there; some not a line in sur-

face, others a quarter of an inch. Under all these deposits, pus was found.

Since the specimen was presented, it has been sawed by Dr. Jackson, who has given the following description of its appearances:— Externally, it is generally rather rough, and upon one side of the large extremity quite so; it is brown toward the small extremity, but otherwise light colored. Although quite hard while being sawn, the cut surface presented a somewhat laminated, earthy structure, being in some parts rather compact; also being of a light color.

In the centre of the stone was found a nucleus, about $2\frac{1}{4}$ inches in length and averaging not far from a quarter of an inch in diameter, which being evidently the stem of some plant, was submitted to the accomplished botanist, Mr. Charles J. Sprague, for examination.

About this foreign body exists a cavity of some size, of which the parietes are quite crumbling. There is very little crystalline appearance. The weight of the stone is at present two and a half ounces, its length and diameter falling a little short of the original measurements. The accompanying cut represents very accurately the size and appearance of the longitudinal section, with the nucleus in its cavity in the centre.



On a chemical analysis, by Dr. Bacon, the calculus proved to be "of the fusible species; the layers deposited around the foreign substance, which formed the nucleus, being composed of phosphate of lime and triple phosphate, with considerable urate of ammonia, and a little carbonate of lime and animal matter."

The nucleus, after a careful examination by Mr. Sprague, proved to be a portion of the stem of the *Archangelica atropurpurea*, as will appear from the following extract from his note to Dr. Jackson:—"At first its outward resemblance reminded me of a grape-vine twig; but I could find, on microscopical examination, no trace of the wood and medullary rays very evident in the grape. On closer examination, I noticed that the hollow portion exhibited on the walls the loose pithy appearance of herbaceous stems of annual growth, or of the larger grasses.

"Dr. Bacon, with whom I left the specimen, after a casual glance at it, suggested the resemblance between the outer striate portion, and the striate and sulcate stems of umbellifers. I then seized upon my first leisure moments, to make sections of some of the larger umbelliferous plants, and naturally chose the two principal ones which are

found in our meadows and thickets. Upon comparing sections of the calculus with those of the great angelica, I found that the resemblance was very great, and, allowing for the effects of the urine upon the softer portions of the stem, I was convinced of the identity of the specimens. The plant, then, is the *Archangelica atropurpurea*, which from its even, smooth exterior, would naturally attract a boy on such an unnatural search."

Feb. 8th.—*Glucosuria.* Dr. Minot reported the following case.

The patient was a widow, aged 55, of dark complexion, hair and eyes. In common with all her family, she was of a strongly-marked nervous temperament. She was quite stout, and had usually enjoyed good health until about two years ago, when she met with a severe bereavement, and soon after became insane. In the course of a few months she recovered her usual health. As early as May last, it was noticed that she made water very frequently, but she did not apply for medical advice until early in December, though she had lost much strength some time before that period. The symptoms of which she complained were great thirst, a dry or clammy state of the mouth, dryness of the skin, severe pain in the back, great debility, frequent palpitation, and a constant desire to pass water, which she did in large quantities. The appetite was keen. The skin was dry; the pulse very moderate: the tongue clean. There was no cough. The bowels were in pretty good order. She thought she had lost flesh.

On inquiry, it was ascertained that she passed about seven pints of urine daily. It was of a pale straw color, frothed easily, was of the specific gravity of 1034, and contained a large amount of sugar.

The following plan of treatment, being that proposed by Mialhe, was recommended to the patient, who steadily adhered to it, to the time of her death:—A drachm of bicarbonate of soda, dissolved in water, three times daily; a pint and a half of lime water daily; a tablespoonful of a mixture consisting chiefly of calcined magnesia, daily, to regulate the bowels; a vapor bath every other night; diet consisting exclusively of animal food, with the exception of a small amount of bread; port or Bordeaux wine; as little water as possible; a cold hip bath, followed by friction, daily; carriage exercise in fine weather, and occasionally a short walk.

Under this treatment an improvement in the condition of the patient was soon manifest, and continued, with few interruptions, until within a few days of her death. The most striking change was in the amount of thirst, the pain in the back and the palpitation, which symptoms were the ones which distressed her the most. The thirst soon became quite bearable, and indeed eventually ceased to cause any annoyance. The pain in the back and the palpitations ceased after a few weeks. The strength increased, and the spirits became more cheerful, though she was liable to fits of despondency, and once had a violent paroxysm of hysteria, in which she screamed violently for more than an hour. This attack seemed to be caused by the agitation following the injudicious expression of an unfavorable opinion concerning her case, by a friend. There was never much emaciation. The appetite was always voracious. The skin lost its dryness, and at times there was considerable perspiration.

In respect to the physical signs, if the expression may be allowed, the improvement was not less decided, though less striking. The

quantity of urine soon began to diminish. She was passing about seven pints daily, when she first came under treatment; the amount fell to six, five, and four pints, which was the average quantity during the last few weeks of her life. Sometimes it fell to three pints, and occasionally rose to five. Once or twice she was not obliged to rise at all during the night, to void it. The urine was of a pale straw color, of a faint sweetish odor, and deposited occasionally a light cloudy mucus. It was uniformly acid, and its density was at first 1039; afterward it fell to 1032. It always contained sugar. It was analyzed three times by Dr. Shaw, with the following results: Dec. 15th, sp. grav. 1039, containing 9·20 per cent. of sugar; Dec. 25th, sp. grav. 1039, 7·30 per cent. sugar; Feb. 2d, sp. grav. 1032, 5·76 per cent. sugar. The last specimen showed a heavy precipitate of large crystals of uric acid, and some torulæ, and had more color than any of those previously examined.

On the morning of Saturday, January 30th, the patient was as well as she had been at any previous time. In the course of the day she had some diarrhœa, which she attributed to taking cold while shopping, on the 28th. At night she had some palpitation. The diarrhœa continued on the 31st, with the palpitation and much pain in the back. Very little urine was passed on this day. She had a very poor night, and vomited a large quantity of nearly black, and very sour fluid. The vomiting continued, with nausea, and some diarrhœa, through the day of Feb. 1st. There was also much palpitation, pain in the back, and despondency. She passed urine twice during the day. Toward evening she grew lethargic, and in the course of the night she became insensible, and remained in a state of coma, from which it was impossible to rouse her, and died twenty-four hours afterward. About a pint of urine was drawn off by catheter fifteen hours before death. It contained sugar.

At the *autopsy*, the chief points of interest were the large amount of fat in the abdominal walls, and about the viscera. The organs were all apparently healthy. There was no congestion of the brain. The bladder was empty.

Dr. Minot remarked, that among the remedies employed in the case the vapor bath gave the greatest relief, the patient always passing a comfortable night after its employment.

Dr. Bigelow expressed himself as having but little hope for a favorable result in this disease. In his own practice, he could not recall a single case of recovery, although every mode of treatment had been tried. He remembered but one case in which the alkaline treatment had been the means of prolonging life. In this case, the patient had unequivocal symptoms of the disease, and two years ago was confined to the house. He now walks out, and is certainly much better than at that time. He took, among other remedies, carbonate of potash for a considerable time, and to this his physician attributes the marked improvement in his condition.

With regard to the case reported by Dr. Minot, Dr. B. further remarked, that although the symptoms abated, the disease nevertheless was steadily progressing, and undoubtedly was the cause of death.

Dr. Minot alluded to several cases mentioned by Prout, in which life had been prolonged, although sugar still existed.

Dr. Hooker mentioned a case of diabetes in which the patient, a la-

boring man, passed two gallons of water a day, containing a large amount of sugar. The treatment consisted of cod-liver oil, with small doses of nitrate of silver, together with an exclusively meat diet, his drink consisting of water and milk. For the first fortnight no change was perceptible ; but soon after, the quantity of urine diminished, the thirst became less, the appetite better ; and in two months the amount of urine passed had reached its normal standard. The treatment was continued, and the patient entirely recovered and lived three years, having had no return of the disease. He died of gangrene of the lungs.

Dr. Parks alluded to the treatment of this disease by the nitrate of silver.

Dr. Bigelow said that this remedy was given in large doses in a case which occurred at Lawrence, but without any perceptible benefit. The dose was from one half a grain to one grain in amount.

Dr. Hooker said that, in the case mentioned by him, the nitrate of silver was not given in any large quantity, nor did he consider the successful termination of the case to have been in any great degree attributable to the remedy.

Dr. Gould thought, that although the dryness of the skin in this affection would naturally suggest the use of the warm bath, it had been said to be injurious, and this remark was in accordance with his own experience.

Dr. C. E. Ware mentioned two cases of this disease in which the alkaline treatment had proved of great benefit. In one, there had been one or two relapses within three years. In another case, the patient, who is still about town, is supposed to have been cured by the nitrate of silver, it now being six or seven years since the attack.

Dr. Putnam had seen a case in which the vapor bath had proved very beneficial.

Dr. Gould also mentioned a case in which the patient, a waterman, was much improved by a removal to the country, using out-of-door exercise, working in the garden, &c., no medicine being taken.

Dr. Minot alluded to the opinion of Prout and others as to the importance of attacking this disease in its early stage.

Dr. Ellis remarked that the microscopic examination of one of the kidneys of Dr. Minot's patient, who died of diabetes, showed most important changes. The tubuli of the cones and cortical substance were darker colored than usual, and crowded with minute fat globules, granular matter, and probably diseased cells or nuclei. Many free fat globules were also seen, together with irregular cells somewhat resembling epithelium, but so crowded with brownish granular matter, that their character could not be clearly determined. Not a healthy tube or cell was anywhere seen. The results were essentially the same as those noticed in a similar case in 1853. In this, the tubuli of different parts were in like manner filled with fat globules.

In another case, although the cortical substance presented nothing remarkable to the naked eye, the tubuli had lost the greater part of their epithelium. The same appearances were noticed by Dr. Shaw, who also found the tubes crowded with granular matter.

Wedl, in his *Pathological Histology* (p. 308, Vienna, 1854 ; p. 263, Sydenham Soc. Transl.), mentions a single case in which many of the tubuli were filled with fat globules, as were also the free epithelium cells.

These cases are interesting, inasmuch as they show the incorrectness of the common statement, that the kidneys are not diseased in diabetes. Though the number of observations is small, the correspondence between the results is such as to lead us to infer that a more extended examination of the subject would prove that the apparently healthy kidneys participate in the disorder in a most striking manner. By this it is not intended to assume that the difficulty may be traced to the lesion of these organs. The evidence to the contrary is abundant and conclusive. The facts are, however, very important, and will become more so if corroborated by others.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 4, 1858.

FREE CITY HOSPITAL.

We have watched with some interest the proceedings of our City Government in relation to the new Free Hospital. Our readers will remember that an estate for this purpose has been purchased on Springfield Street, after an elaborate investigation as to the necessity for such an institution. For this conclusion let all praise be awarded to the late Municipal government, and especially to the Joint Special Committee who so ably and faithfully investigated the whole subject.

There seems now to be a difference of opinion between the Board of Aldermen and the Common Council, as to the proper mode of managing the institution, and we can only hope that in this difference as to non-essentials the true interests of the institution may not suffer.

We also regret to see an effort to abolish the hospital altogether, on the plea that its establishment will be detrimental to the health of the inhabitants in that part of the city. We can hardly imagine a more suitable place for a hospital than the one selected, as regards position, exposure and the wants of the city. If the objections made are valid in this case, they would be so in every other, and the fact must be proclaimed that, among all the large cities of Christendom, Boston is the only one where space cannot be allowed for the gratuitous treatment of those who are so unfortunate as to be sick and friendless. To show how well founded this objection is, we might cite the experience of other cities. That of Paris alone may be sufficient, with her twelve hundred thousand inhabitants, and her scores of hospitals scattered through the city. Of these we need name but three or four. The Hospital of La Charité contains about 600 patients, suffering from every form of disease, including smallpox, measles and scarlatina, while its massive walls extend hundreds of feet along densely crowded streets, and its windows open directly upon the houses which line the opposite walls. The Hotel Dieu, with its 800 inmates, has stood for eleven hundred years in the oldest and most populous part of the capital; while La Pitié, Beaujon and the Children's Hospital are surrounded by substantial dwellings. We have never heard that those sections were more unhealthy than other portions of the metropolis. To come nearer home, we will cite our own Massachusetts General Hospital, which runs parallel with Allen Street, and nearer the

houses lining that street, if we mistake not, than any bordering on the proposed Free Hospital. This objection on the score of health, we consider futile, and we really hope will not be seriously urged.

As to the mode of managing the Hospital; whether it be placed under the General Board of Overseers for Charitable Institutions, or whether it be placed under a board of trustees elected from among the citizens at large for a term of years, we care but little, provided the object sought shall be obtained, viz.: the acquisition of a quiet and comfortable home, where the poor man or woman, mechanic, laborer, seamstress or domestic, when sick and friendless, can find care and shelter, until enabled by returning health to earn the means of subsistence. We will, however, state our belief that this object will be best secured by giving the management of the institution to a board composed of citizens at large, elected for a term of years, rather than to a board of overseers changeable annually, and already burdened with the care of several correctional and pauper institutions. There are many details of hospital management which require constant care and oversight, and which the latter board could hardly give.

Whatever be the course adopted as to mere management, let the aim of our City Government be to relieve the great amount of suffering which now exists in this community for the want of hospital accommodations, a want which the united testimony of nearly all our physicians and charitable associations goes to establish.

We want neither a pauper asylum, nor a pest house, but a Free Hospital for our worthy laboring population, where it shall be no disgrace to enter, and where the best care shall be bestowed gratuitously upon those who cannot be treated at their own homes, or those, more unfortunate still, who are both sick and homeless.

PRONUNCIATION OF MEDICAL TERMS.

Messrs. Editors,—I am happy to have succeeded in calling the attention of *physicians* to the much-neglected subject of pronunciation, but perhaps I did not make my meaning clear enough. I intended to be understood as addressing *scientific men* upon the pronunciation of *scientific terms*. The two English adjectives cer'ebral and cer'vical* are obviously out of place in the connection in which they occur, and were inserted there through an oversight.† A few scientific names which have been adopted into the English language are of course governed by English usage, *when used as English words*. Thus a botanist must call the little wind flower *Anemo'ne Nemoro'sa* if he would avoid the sin of a false quantity, although his little daughter may with perfect propriety present him with a bouquet of *anem'onies*. I will not find fault with a *patient* if he complains of *pleth'ora* or *ver'tigo*; or even if he says he took *al'oes* or *con'ium* for a pain in his *ab'domen*. But for a *physician* to talk of "tinctura *al'oes* et myrrhæ" or of "*con'ium* macula'tum," is obviously wrong. An observation of John Walker upon the word *vertigo* places the whole subject in the true light. "If we pronounce it *learnedly* we must call it *verti'go*, but if we follow *genuine English analogy* we must pronounce it *ver'tigo*." As long as *Latin*

* We must not confound the Latin substantive cervical, meaning a pillow, with this English adjective.

† The words glu'teal, men'ingeal, pharyn'geal and ob'struent, in the absence of English usage, must be governed by the *quantity* of the penult in the corresponding Latin adjectives.

continues to be the language of our profession, we must conform in *pronunciation* as well as in *orthography* to *Latin* usage and analogies when we are dealing with *technical* terms.

It would be out of place to fill the pages of a medical journal with authorities for pronunciation, but all needful information may be derived from a comparison of the medical dictionaries of Kraus and of Dunglison with the Latin lexicons of Freund and of Facciolati, and the Greek of Liddell and Scott. MEDICAL STUDENT.

Massachusetts Medical College.—The Annual Commencement for the conferring of medical degrees will take place at the College on Wednesday, March 10th. The exercises will commence at 11 o'clock, A M., with a prayer by President Walker, after which the graduates will read selections from their dissertations. The degrees will then be conferred by the President, and the whole will conclude with an address by Prof. O. W. Holmes.

The Corporation and the Board of Overseers of the University will be present on the occasion, and the Fellows of the Massachusetts Medical Society, all medical students, and all persons who may be interested in medical science, are hereby respectfully invited to be present.

Wednesday, March 3d, 1858. D. HUMPHREYS STORER,
Dean of the Medical Faculty.

The Lying-In Hospitals of Dublin and Vienna.—MESSRS. EDITORS,—Will you allow me to correct your correspondent from Edinburgh, in the last JOURNAL, as to the comparative number of deliveries in the lying-in wards of the General Hospital at Vienna, and in those of the Dublin Hospital. The number of births at Vienna is between 8000 and 9000 annually; of these, about one third are devoted to the education of midwives, and the remainder, say about 5500, are for the benefit of students—or rather of medical men, the diploma being required for admission to this department of the Hospital. In this latter number, however, are included what are called *Gassengeburten* (street-births). These are births which take place out of the Hospital—the mother, with her child, being brought in within twenty-four hours of delivery; 500 would certainly be a sufficient number for these street-births, and there would then be left 5000, or more than twice the number of births in the Dublin wards.

Yours, very truly, HENRY K. OLIVER, M.D.

2 *Bumstead Place, Feb. 27th,* 1858.

Health of the City.—Last week's report shows a large increase in the mortality, the chief fatal diseases being, as heretofore, those of the respiratory organs. We notice 11 deaths from croup! The total number of deaths for the corresponding week of 1857 was 63, of which 12 were from consumption, 11 from scarlatina, 2 from pneumonia, 2 from croup.

A NOTE from an "Inquirer" will be answered in our next.—"Omega" too late for insertion this week.

Deaths in Boston for the week ending Saturday noon, February 27th, 94. Males, 43—Females, 51.—Inflammation of the bowels, 2—bronchitis, 1—congestion of the brain, 2—softening of the brain, 1—consumption, 15—croup, 11—diarrhœa, 1—dropsy, 1—dropsy in the head, 5—debility, 1—infantile diseases, 6—erysipelas, 2—scarlet fever, 7—typhoid fever, 2—gastritis, 2—disease of the heart, 2—intemperance, 3—inflammation of the lungs, 12—congestion of the lungs, 2—marasmus, 3—measles, 5—peritonitis (Hospital return), 1—scrofula, 2—teething, 1—unknown, 2—whooping cough, 2.

Under 5 years, 57—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 10—above 60 years, 5. Born in the United States, 75—Ireland, 14—other places, 5.

Michigan State Medical Society.—The sixth annual meeting of this Society was held in Detroit on the 20th of January last. Dr. J. Adams Allen, of Kalamazoo, was chosen President for the ensuing year; Dr. J. A Brown, of Detroit, Vice President; Dr. E. P. Christian, of Detroit, Secretary; and Dr. Klein, of Detroit, Treasurer. A committee was appointed to report, at the next annual meeting of the Society, the proper means to be used to legalize the procuring of subjects for the study of anatomy. A resolution was passed, expressing the sense of the Society that great care should be exercised on the part of the Medical Faculty of the University of Michigan, and by the members of the Society and the profession generally, in investigating closely the character and qualifications of candidates for admission to the medical classes. The late President, Dr. N. D. Stebbins, delivered the annual address, the title of which was, "Medicine an Inductive Science, and Hippocrates the Father of Inductive Science." Six new members were admitted to the Society. Reports and papers were read, on "Rheumatism," on "Diseases and Topography of Livingston Co." and also of "Wayne Co.," on "Vaccination," on "Zymotic Poisons," on "Diseases of Children," and on "Diseases of Coldwater, Mich." Committees were appointed to report on different subjects next year. Thirteen delegates were chosen to the next meeting of the American Association at Washington. Three sessions of the meeting were held on the same day, and at night the Society adjourned to meet next year at Coldwater.

Strafford District (N. H.) Medical Society.—The Semi-Centennial Anniversary of this Society was held at Dover on Wednesday, Jan. 20th. It was observed by an unusually full attendance, and by appropriate exercises of an harmonious and interesting character, which passed off in a manner highly creditable to the Society, and likely to conduce to its future welfare. The following officers were elected:—Dr. Alvah Moulton, President; Dr. A. G. Fenner, Secretary; Drs. D. T. Parker, C. H. Shackford and A. Ham, Councillors; Dr. A. Bickford, Treasurer; Dr. J. H. Paul, Librarian. Addresses were delivered by the President and Secretary—the former being devoted mainly to the morbific effects of the use of tobacco, and the latter to the defence of blood-letting as a remedy.

Effects of heated Furnaces upon Health.—The Fire Marshal of New York city, in his annual report, after alluding to the danger of fire from furnaces in public buildings, thus speaks of their influence upon health, as represented to him by those having the opportunity to judge in the matter.

"Although the consideration of such a question does not come strictly within the sphere of my duties, it seems to me that I am called upon to lay before you certain facts connected with it, which are said to affect the efficiency of one of the most important of our public departments. It has been stated to me, on reliable authority, that the health of the children in the public schools is found to suffer from this mode of heating. In many instances, I am assured, the teachers are obliged to allow the children to leave school before the regulated hours, in consequence of the violent headaches produced by the closeness and impurity of the atmosphere. It is found from experience that the heated air thrown off from furnaces and iron surfaces generally, is divested of most of its vital properties, and is apt to produce congestion. In the case of persons of delicate constitutions, this tendency is immediately developed by furnace heat, and hence the number of children who are sent back ill to their parents. But not merely is this effect complained of in our ward schools; it has long since attracted the attention of physicians, and in some families the use of the furnace is positively prohibited."

He recommends, as the most healthful mode, that schoolhouses be heated by the conveyance of hot water in pipes through the buildings.

The Board of Trustees of the New York State Inebriate Asylum met at Albany Feb. 25th. It is the intention of the Committee on Location to locate the Asylum by the first of next May; and all towns desirous of making offers of sites for the Institution are desired to address Hon. Reuben H. Walworth, of Saratoga, Chairman of the Committee.

The city sexton of Chicago, whose case was referred to in the JOURNAL some time since, has been fined $500 for taking subjects for dissection from the Potter's Field.

THE

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ABSTRACT OF A REPORT OF A CASE OF ACUTE RHEUMATISM, WITH HEART DISEASE AND EFFUSION INTO THE PLEURA.

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

[Read before the Boston Society for Medical Observation, February 1st, 1858, and communicated for the Boston Medical and Surgical Journal.]

THE points of interest in the following case are numerous. Among them, the severity of the rheumatic affection of the joints; the heart affection, of which there was no rational sign, and which could only be discovered by auscultation; the effusion into the pleural cavity, without apparent cause, and unattended by some of the rational signs ordinarily seen; the extent of the effusion, and its effect in rendering the diagnosis of the heart lesion obscure; the rapidity of the absorption; the absence of what would usually be considered specific treatment—these were all matters of peculiar interest to the reporter, and to them he asks your attention. The reporter would call attention to the use of the Cannabis Indica, in the large doses, considering the age of the child.

Charlotte E. was 13 years old in June, 1857. Her parents are in moderate circumstances, but she has always lived comfortably, with sufficient diet and clothing. Her father is in perfect health, but in former years was subject to what he calls rheumatic attacks, though he never was confined to his bed by them. Her mother is phthisical. The girl has had the usual diseases which children are supposed to be subject to, and two years since had a severe attack of varioloid. Up to the date of the present disease, she has, since the varioloid, been in perfect health, attending school, and assisting in the work of the house. She is decidedly under size, but of that peculiar build, to which, with short stature and compact frame, is joined strength and weight. Has not menstruated; and the mammary development is the only sign of approaching puberty.

Dec. 17th, 1857, 6, P.M.—First visit. She has been complaining of headache, and general soreness of the limbs for nearly a week. Was at school yesterday, but did not remain. Her right shoulder and leg are quite lame, and she moves them with difficulty. The left limbs are less troubled. The latter do not appear swollen,

but the right are rounder than natural (this applies to the whole extent of the limbs, and not to the joints particularly). There is no redness of the skin. The tongue is covered with a thick white coat. No appetite for several days. Urine scanty and high colored. No dejection since the 13th. Pulse rapid. (Acetate of morphia, gr. 1-12.)

19th.—No good sleep for two nights. Has taken four doses of morphia. Pain and difficulty of motion increased. Pulse 120. No appetite. Is dressed and down stairs. (Tr. Cannabis Indicæ, gtt. xx., and repeat every six hours. Omit the morphia.)

20th.—In bed. Some sleep in the night; vomited once, and had pain in the bowels, which was relieved by a full dejection. Has expectorated a little dark blood, without coughing. Pulse 120, regular, but not strong. Sounds of heart normal. Respiratory sounds normal. Both knees, elbows, shoulders and ankles painful, especially in the right side, and the knees more than the other joints. During the day she vomited about a gill of greenish fluid. There seems to be no effect from the medicine, unless it produces perspiration. I therefore prepared some myself, by dissolving 24 grains of extract of hemp in an ounce of concentrated sulphuric ether. Two drachms of this tincture were made into a two-ounce mixture, of which she was to take a teaspoonful (containing one sixth of an ounce) every three hours, beginning in the evening.

21st.—During this day she took eleven doses of the mixture of hemp, equal to 5½ grains of the extract. In the evening she took two more doses, and in the night one sixth of a grain of morphia. The pulse varied between 126 and 120. The pain continued severe through the day, and was increased at night. Red spots appeared on the ankles and joints of right forefinger. Tongue moist. No thirst. Pupils natural.

22d.—Pulse 140, respiration 44. Slept, and perspired freely after taking the morphia. Pain no less severe, especially in ankles, which are red and swollen. No pain in chest. Sounds of heart less distinct than natural, with perhaps a slight souffle, whose position and relation to the rhythm I am unable to determine. Dulness on percussion from the 2d rib to the 8th, and from the left edge of the sternum quite far back upon the left side. Impulse of heart distinctly felt, at the usual place. From 3, A.M. to 1.20, P.M., took nothing but lemonade. After that time took five grains of ex. cannabis, the last at 5.20, P.M. Much troubled with flatus. (Renew Cannabis at 8.20, and continue once in three hours, if awake.)

23d.—Pulse 120. Respiration 60, but not painful. On account of occasional vomiting last evening, was unable to take the medicine until after 11 o'clock. Since then has taken it regularly. Some pain in the course of the sternum, and some hacking cough. Impulse of heart distinctly felt from the 3d rib to the 8th. Distinct bellows sound at the apex of the heart, with the first sound.

Pain in joints as before. Some sleep during the night, and also during this day.

24th.—Pulse 112. Respiration 48. Epistaxis twice, profusely, in the morning. Much pain in cardiac region. None elsewhere, except on motion. Can move both arms and right leg. Left wrist only swollen. Tongue brown and dry. Four dejections during the day, after senna.

25th.—Dr. Calvin Ellis saw her with me. Pulse 120. Respiration 36. Tongue brown, less dry. Two dejections. No vomiting. No cough. She was quite comfortable through the day. Skin moist. Power of motion in upper extremities quite perfect. Expectorated four times a mass of clotted blood. Pulse, in the evening, 104; respirations 30. Dulness on percussion over whole of left front of chest; flatness from the 3d to the 8th rib, and from the sternum backward about eight inches. The right back is normal. Left back resonant throughout, tympanitic over the whole scapular region, and for a considerable space below, the respiration and voice being there loudly bronchial.

27th.—Pain and tenderness in limbs diminishing; could be turned on either side, for the first time. Tongue cleaning. Pulse 103. Respirations 30. Less dulness of percussion sound in left chest, from above downward, in front as well as in the side. Souffle with the first sound more distinct. Souffle heard with the *second* sound, at the junction of the 4th cartilage with the sternum, and slightly into the 4th intercostal space, but not perceptible at the apex of the heart. (Cannabis every 4 hours. Quinine every 12 hours.)

29th.—Pulse 94. General condition improving. Occasional expectoration of blood continues. Percussion sound in left upper chest more clear in front, becoming dull at about the 3d intercostal space, and flat from the 4th rib to the 8th. No respiratory sound heard in left front chest. Scapular region of same side sufficiently resonant; below this, to bottom of thorax, the sound is flat, becoming more resonant, though dull, under the axilla, and throughout the side. Bronchial respiration and voice below angle of scapula. Above, over whole of scapular region, it seems mixed with vesicular sound. Right chest normal.

30th.—Both souffles are more indistinct.

31st.—Much disturbed by undigested food. Return of pain in the left shoulder. Impulse of the heart more feeble, sounds less loud; no souffle at the apex of the heart, a slight souffle at the base, at the end of the second sound. No respiratory sound in left front, except over the heart, where it is feebly vesicular. (Quinine, one grain every eight hours. Cannabis, one grain every two hours.)

Jan. 1st, 1858.—Indistinct souffle with the first sound at the apex. The souffle at the base is double, and has the "to and fro" movement. (Omit quinine.)

3d.—Restless in night from pain between the shoulders. Lies on side, with knees drawn up. Epistaxis for a day or two. Respiration and voice strongly bronchial throughout left back. Souffle with the first sound heard loudly over the whole back, resembling the distant puff of a steam engine. The intercostal spaces are freely drawn in and out during respiration, the ribs rising and falling. (Omit Cannabis. Acetate of morphia.)

5th.—Dulness of percussion sound and absence of respiration in left front chest. The voice is abnormally resonant in the upper part. Behind, the signs are as on Jan. 3d. No pain. Can move all her limbs. Cannot turn upon the right side without increased dyspnœa.

12th.—Sitting up. Left chest more resonant in front down to the 4th rib, and over the whole back. Vesicular respiration can be heard as far down as the 4th rib in front, where it becomes bronchial. Behind, the respiration is less bronchial. Impulse of heart very distinct to the finger in the 6th intercostal space. Its action is tumultuous; souffles mixed.

13th.—Left chest normally resonant throughout, behind; respiration in same region vesicular, though rather harsher than on the right side. Souffle with the second sound only of the heart.

At this time she had taken of Cannabis, of undoubted purity, 144 grains, besides about an ounce of the tincture, in which I had no confidence. She had also taken less than a grain of acetate of morphia, 18 grains of sulphate of quinia, a scruple of tartrate of iron and potass, and several cathartic doses. Two blisters of three inches square were applied to the thorax, one only of which produced vesication, and might as well, perhaps better, have been omitted. The treatment, in fact, was by Cannabis Indica.

20th.—Nothing abnormal could be discovered in the percussion or respiratory sounds. Heart sounds perfectly distinct at apex, and no souffle perceived there. The souffle with the second sound is loudest in the axillary region; less so to the left of the base in front, and just below the spine of the scapula, still less in the rest of the back. She was up and dressed all day.

A UTERINE CUPPING INSTRUMENT.

BY I. RUSSELL LITTLE, M.D., PORTLAND, ME.

[Communicated for the Boston Medical and Surgical Journal.]

THE frequent necessity for the abstraction of blood from the uterus in the modern method of treatment for inflammation of that organ, and the expense and loss of time incurred by the use of leeches in sufficient numbers to effect the desired object, have suggested the necessity for some apparatus by which a given quantity of blood could be abstracted in a short time and with but small expense. I had been in the habit of scarifying, and partially ex-

hausting the air in the speculum by means of a wad of cotton, held in a pair of ordinary dressing forceps, when it occurred to me that the more perfect apparatus here represented, and about to be described, might be substituted.

Fig. 1.

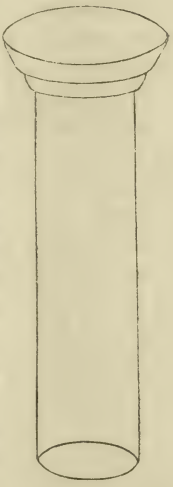


Fig. 2.



Fig. 1 is a speculum of any metal, thickly plated with silver, with its walls parallel, instead of converging as in the ordinary speculum. Fig. 2 is a piston of about an inch and a half in length, made to fit the speculum perfectly; at either end is a rim (*b b*) of sufficient depth to retain the band of thick porous buckskin represented by the dotted line on each side (*a*), and it is bored from the bottom, so as to form a cup with the base upward. The piston-rod is a cylinder, with walls sufficiently thick for strength, expanded at the top to a diameter of half an inch, and terminating in a ring sufficiently large to admit two fingers, without pressing upon the valve, *c*. The top of the piston-rod is slightly excavated in the form of an unequal square, to admit the valve, which is composed of a block of metal glued to a piece of buckskin, one end of which is left free for a hinge, and fastened, by two small screws, to the wide side of the square depression. The piston-rod is joined to the piston by means of the screw end at *d*. When the instrument is used, the speculum is introduced, and free scarification made by means of a lancet fastened to a piece of wood or whalebone. The piston, being well oiled, is then pushed to the bottom; when withdrawn, the valve closes over the mouth of the cylinder piston-rod, and a vacuum is produced in the speculum, thus making a cupping instrument, on the ordinary principle, and applicable to the uterus. The instrument in my possession was manufactured by A. D. Puffer, of Dock Square, Boston; and in every instance where it has been tried, it has admirably answered the purpose intended.

February 18th, 1858.

VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Having noticed in the Journal of the 11th inst. some remarks made by Dr. Coale, on the effects of the veratrum viride in controlling arterial excitement, I thought I would

send you an outline of my experience with the same remedy; which, although it has not been very extensive, has been sufficient to convince me that the veratrum is *one* of the most, if not the most valuable of the arterial sedatives we possess. My first experience with this article was in April last. Since then I have treated five severe cases of pneumonia with the veratrum as the chief remedy.

Case.—J. K., aged 14 years, after having a bad cough for several days, was seized, on the 10th of May last, with a severe chill, followed by fever, severe pain in the right side of the chest, and hurried and painful respiration. I saw him on the 11th, and found him with the above symptoms much aggravated; skin intensely hot; tongue covered with a white fur; pain in right side, very severe, and much aggravated by coughing; dulness on percussion, and crepitation throughout both lobes of right lung; sputa rusty and perfectly characteristic of pneumonia; pulse 115. I ordered a mustard poultice to the side, and left a solution of tart. antimon. et potass. to be given in nauseating doses every two hours; the patient to partake freely of mucilaginous drinks.

12th, 9, A.M.—Patient much worse. Pain in side unmitigated; sputa very rusty and tenacious; bowels moved a dozen or more times during the night; tongue dry and red; pulse 142, and weak. Discontinue the emet. tart. and substitute Norwood's tinct. verat. vir., to be given every three hours, beginning with three drops, and increasing each dose by one drop until vomiting ensue, then diminishing the dose one half, and continuing every three hours. Mustard poultice, and mucilaginous drinks, as before. 8, P.M.—Patient vomited after the third dose (five drops) of tinct., when all the symptoms were much relieved. Expectorates more easily; sputa less tenacious. but still very rusty; skin cooler; tongue moist; pulse 130. Continue the tinct. in two-drop doses every three hours.

13th, 9, A.M.—Rested well last night; skin quite cool and moist; very little pain is complained of; expectoration easy; sputa less rusty and tenacious; pulse 94. Continue the tinct. 8, P.M.—Side rather more painful than in the morning; pulse 72; slight hepatization in lower lobe; large blister to side; calomel, one third of a grain, every three hours; diminish dose of tinct. to one drop.

14th, 9, A.M.—The blister drew in five hours. No pain complained of this morning; expectorates freely; rusty appearance of sputa nearly gone; pulse 56; signs of hepatization disappearing; patient asks for some meat. Omit tinct. and calomel, and give nothing but decoction of senega every four hours. Some mutton and beef-tea allowed.

From this time his improvement was rapid and uninterrupted, and he was at work in two weeks from the time treatment was commenced.

The other four were as well-marked cases of pneumonia; were

treated in the same manner, and with equally satisfactory results. I have recently treated two severe cases of simple pleuritis with the veratrum, in both of which it reduced the pulse, very promptly, from 125 beats in the minute to its natural standard. I have also used it in scarlatina this winter, with excellent effects. In one case, where the pulse was 125 in the minute, and the skin excessively hot on the second day of the eruption, the pulse was reduced to 82 in the minute, and the skin lost its peculiar pungency and became quite cool in twelve hours from the exhibition of the first dose of the veratrum. It seems to be well adapted to all cases in which an arterial sedative is indicated; but from the experience I have had with it, I am inclined to believe that its effects are more certain in pneumonic affections, than in any others. The great advantage that it possesses over antimony in those cases, is, that it controls the pulse effectually, with very little, if any, tendency to irritate the gastro-intestinal mucous membrane.

In order to get the full benefit of the medicine in any case, it must not be discontinued as soon as the pulse is brought to the required standard, but must be continued, in diminished doses, if necessary, until the "*irritability*" of the heart is completely subdued.

G. W. Spalsbury.

Three Rivers, Mich., Feb., 1858.

ADDITIONAL FREE BEDS IN THE MASS. GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—It is a matter for congratulation that, by a vote of the Trustees of the Massachusetts General Hospital, forty more of the beds in that institution are to be free. This further provision for the sick poor will be welcomed by the profession in all parts of the State, as it will afford a chance for recovery to many of the homeless and forsaken who are not proper subjects for the State Almshouses.

In this city, the Physicians of the Boston Dispensary, and others, will be eager to avail themselves of the resource thus held out. The necessity for greatly increased hospital accommodations has become so urgent, that previous to the recent foundation of a City Hospital, measures were in progress for relieving this necessity by the efforts of private benevolence. It is, of course, far preferable that the City should retain the guardian care of its unfortunate but deserving sick—and though it could have been wished that the doors of the new Hospital, which is destined to rank with the Public Library as one of the most valuable provisions for the common welfare, could have been opened for the reception of patients during the past season of suffering; yet it is better that the arrangements for the establishment of such an institution should be

well perfected, rather than hastily made. Meantime, the increased facilities for admission to the Massachusetts General Hospital will be most opportune, and the high reputation of this excellent institution will keep its free beds fully occupied by patients afflicted with those classes of diseases which are admitted there, from every part of the Commonwealth. **

PROFESSIONAL ETIQUETTE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send the following for insertion in the JOURNAL, without note or comment on my part, as your readers can make their own inferences, and no one need to "put on the coat unless it fits." OMEGA.

Dr. M. is a member of the Massachusetts Medical Society, and a practitioner in the town of D. For several weeks he has been in attendance upon Mrs. E., and the friends of this lady are desirous that some other member of the fraternity should be called in consultation. To this, of course, Dr. M. cheerfully assents, and Dr. T., who resides some four or five miles distant, is duly invited. He listens to the history of the case, confers with Dr. M. as to the proper course of treatment, upon which they mutually agree, and taking his hat, politely bows himself out, leaving the case where it was at first, in the hands of Dr. M. Now this is all right and proper—but *mark the sequel.* Dr. M. visits his patient as usual, suspecting nothing wrong, when at the expiration of five days he is very coolly informed "that he need not visit Mrs. E. any more, as *Dr. T. will take charge of her.*"

THE CONDITION OF THE LUNG NOT INVARIABLY TO BE DEPENDED ON, AS A PROOF THAT THE INFANT HAS BEEN BORN ALIVE.

BY THOS. WILLIAMSON, M.D., F.R.S.E., F.R.C.S.E., PHYSICIAN TO THE LEITH HOSPITAL.

IN a medico-legal point of view, all fresh cases bearing upon the important subject of infanticide should be carefully recorded.

During the past eighteen or twenty years of a somewhat extensive midwifery practice, five or six instances have occurred to me, which go far to establish the correctness of the remarks of Dr. Taylor, in his work on Medical Jurisprudence, when referring to the extreme caution and care which ought to be observed by medical men in forming an opinion as to the cause of the infant's death. The mere proof, derivable from the condition of the lung, that the child has respired, is by no means *per se* sufficient to establish the fact that it has been *born alive.* In writing upon this subject, Dr.

Taylor says, "Mr. Price has communicated to the *Medical Gazette* the account of a case, in which the cord was so tightly twisted around the neck of a child, that he was compelled to divide it before delivery could be accomplished. There was in this case a deep groove formed on the neck, and it conveyed the impression to himself and a medical friend that, in the absence of any knowledge of the facts, they would have been prepared to say that the child had been wilfully strangled by a rope. In this instance, the cord was very short."

In all of my cases, I was under the necessity likewise of dividing the cord previous to the birth of the infant. Had I failed in doing so, life would have been inevitably destroyed; and had a stranger to the history of the cases been called upon to institute *a post-mortem* examination, he must have arrived at the conclusion that these infants had been *born alive.*

Immediately upon the birth of the head, in the instances which have occurred to me, the infant has *respired freely,* but upon running the finger round the neck, one or more loops of the cord have been found firmly encircling the throat. In all similar cases, generally speaking, little or no trouble is experienced in at once disengaging the coil of cord, and thus permitting the almost simultaneous propulsion of the shoulders; but, in the instances referred to, owing to the extreme shortness of the umbilical cord, this manœuvre was found utterly impracticable. Each succeeding contraction of the uterus was found to tighten and constrict the umbilical ligature still more and more; respiration ceased, and the face of the infant became black and congested. Sometimes I have succeeded, with much difficulty, during the interval of pains, in slipping a double ligature around the cord, and severing it at random; at other times, I have been necessitated to divide the cord without any such precautionary measures, dreading alike mischief to the mother and child, and running all the consequent risk of fatal hæmorrhage, at least to the infant. I may mention, that the umbilical cord rarely exceeded sixteen or eighteen inches in length, and had effected a deep indentation around the neck of the child. In the last of my cases (which occurred within the past few days), shortly after the birth of the infant, upon proceeding to remove the placenta, I discovered that it was firmly retained; the uterus having assumed the hour-glass form of contraction, and refusing to dilate again without the previous administration of a large opiate. Was not this nature herself stepping in to prevent the serious displacement of the *uterus,* the placenta being still undetached from its fundus, whilst the suffocating infant was struggling to get free?

In certain instances of suspected infanticide, which will at once occur to the mind of every one, it must be obvious how very damaging to the accused, is the fact, when brought out by *post-mortem* examination, of respiration having been fairly established. The

ordinary inference, where, from the state of the lungs, this process has been proved to have existed, is, that the child must have been born *alive*. Had the cases, however, to which I have referred, been left to themselves, the infants would have been born *dead*, with an indented groove encircling their necks; and yet a *post-mortem* examination would have revealed all the indications usually regarded as conclusive proof that they had been born *alive*. Hence, then, the necessity of great caution in forming an opinion of the cause of death in all such cases.—*Ebinburgh Medical and Surgical Journal*, February, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION. BY J. N. BORLAND, M.D., SECRETARY.

Feb. 1st, 1858.—Dr. Buckingham read a paper* on a case of *Acute Rheumatism, with Disease of the Heart, and Effusion into the Pleura.*

In reply to questions asked by Dr. Bowditch, Dr. Buckingham said there was no prominence over the heart; that the patient had no tendency to syncope when she had dyspnœa, the nearest approach to it being dizziness when sitting up; no dislocation of the heart was noticed. Dr. B. diagnosticated effusion, when he found dulness on percussion in the lower part of the back, and a tympanitic resonance above it, with bronchial respiration throughout: he could not say whether or no the heart's sounds were transmitted along the carotids. Dr. Bowditch asked this last question, because it has been stated as a point in diagnosis, that *endocardial* murmurs are transmitted along the carotids, while the *pericardial* murmurs are not.

Dr. Bowditch said he thought more active treatment would have been better in restraining the heart affection. He thinks very highly of the antiphlogistic treatment in just such cases as the one reported, as it does no harm at all to the general disease, while it relieves the local trouble. It is one of the points of practice of which he feels most sure.

Dr. Buckingham replied that this was just the point on which he disagreed with Dr. Bowditch. He thought that such antiphlogistic treatment did no good whatever. The published cases of Latham would go to prove even more than its want of efficacy, most of his patients thus treated having died, and those that lived were left in poor condition. Until very recently, just such a course would have been pursued in the management of iritis. The Society have lately had laid before them the good results of the opposite method.

Dr. Bowditch, however, could not disavow the results he had obtained in his own practice. He but a short time since had had under treatment a case of endocardial disease. While let alone, the symptoms grew steadily worse; but as soon as he began to use tincture of iodine and leeches they began to improve, and this improvement has been steadily maintained. This same thing has been proved to him

* Published in another part of this number of the Journal.

again and again. In regard to all treatment, Dr. Bowditch thinks we have reached the ultimatum of scepticism. He went through with it himself, some twenty years ago, since which time his medical faith has been steadily reviving.

In reply to questions by Dr. J. C. White, Dr. Buckingham said that he had not noticed any peculiar character of the pulse, as affected by disease of the valves, and that he had thought there was no disease of the mitral valves. Dr. White asked if any notice was paid to the sound of the pulmonary valves? He asked the question because it was now considered possible in all cases to determine if there is insufficiency of the mitral valve, but not by the position of the murmur alone. It would be impossible, in the majority of cases, to say whether we had insufficient mitral or stenosis of aortal valves, by the fact that we heard the souffle more plainly at the aorta, or the apex of the heart. Auscultation of the pulmonary valves, however, decides this point; for whenever there is insufficiency of the bicuspid, the second sound of the pulmonary artery must be accentuated just in proportion to the extent of disease in the left ventricle. The explanation of this is as follows. The blood by the ventricular contraction is partly thrust back into the auricle, and from thence the impulse is extended through the pulmonary veins to the lungs, and the pulmonary artery, causing partial stagnation in that vessel, and a consequent flapping back of its valves with unusual force. In this way the accentuation becomes, without exception, diagnostic of mitral insufficiency, and whenever this sound is absent, there can be no such disease. This is true also in any pulmonary disease when there is obstruction to the free circulation of blood through the organs. And in emphysema, even, we may have the accentuation as strong as in valvular disease.

Dr. White said that this explanation was fully substantiated by autopsies, and was generally accepted throughout Germany, though it had not yet got into English books.

Dr. Parks asked Dr. Buckingham why he relied so much on Cannabis Indica in the treatment of this case?

Dr. B. replied, that he had been making numerous experiments of late with this drug, as to its powers of relieving pain, and it had answered so well in other cases that he wished to use it in this. He thought that opium might perhaps have relieved the pain more quickly, but having had bad results in other cases with opium, he felt disinclined to use it. As to the use of Cannabis Indica, Dr. Buckingham said that he thought the activity of the medicine depended very much upon the parcel from which it was taken. When used in five-grain doses, he thought it a good substitute for opium. He was first led to use it from results obtained by Dr. John C. Dalton, Jr., who took it in doses commencing at 20 drops of the tincture, three times daily, increasing the amount to 100 drops three times daily. The use of it in the latter dose induced a peculiar prolonged and agreeable sleep.

Dr. Cabot said that he had employed it, and never saw any result obtained from less than three-grain doses.

Dr. Clarke asked if any peculiar mental effect was produced.

Dr. Buckingham had not noticed any; he had never given the medicine in over five-grain doses at a time. He commonly orders one or two grains every hour, till the pain is relieved. The apothecaries

commonly consider three grains as the maximum dose. He had not found it to produce any peculiar effect on the skin, nor to act as a diuretic.

Dr. Clarke said that of late the Cannabis Indica was much used in the treatment of the insane, and that it had been found to be exceedingly variable in its effects.

Dr. Buckingham remarked, that as prepared by one or two London chemists, the drug was very even and powerful; generally it was not so. The best of it only dissolves in chloroform, ether, or the strongest alcohol. The best way of making a mixture was to dissolve the drug in chloroform, and then add to it simple syrup. In about twenty-four hours it will settle to the bottom, but it may be readily shaken up again.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY W. O. BROWN, M.D., SECRETARY.

Aug. 3d, 1857.—*Scarlatina.* Dr. Snow (Physician to the Board of Health) remarked, that scarlatina continued to prevail to some extent in the city.

Dr. J. Mauran stated it as a singular fact, that scarlatina was very rarely (almost never) fatal in Tuscany, it being always of the simple form. It was very prevalent there. The prevalent disease in Tuscany was milliaria.

Low Diet in threatened Miscarriage.—Dr. Mauran remarked upon the benefit sometimes derived from low diet, in cases of habitual miscarriage. In illustration of this point, he related a case which had come to his knowledge, of a lady of notable family descent, in Edinburgh, who had miscarried in eleven successive pregnancies, but who was safely carried through the twelfth, under the care of Dr. Simpson, by strict adherence to a very abstemious diet. The child was represented as being very poor at its birth.

Sept. 7th.—*Large Biliary Calculus.*—Dr. Collins exhibited a large biliary calculus, and furnished the following sketch and notes of the case.



The calculus was two inches long, one inch and five sixteenths wide, and weighed six drachms. A view of it, after being sawn through, with its nucleus of cholesterine, is shown in the accompanying cut.

The patient, a female, æt. 50, single, was taken sick Feb. 7th, 1857 She had suffered from a "bilious" attack in the preceding August. There was urgent vomiting, and other symptoms of mechanical obstruction of the bowels. The symptoms continued, with great severity, until the 14th of March, forty-two days, when the calculus presented itself at the anus, and was removed by the finger. The convalescence was exceedingly slow; but she has nearly recovered her previous health.

Some discussion followed upon various articles which have been

going the rounds of the journals, asserting that salæratus, or the bicarbonates of potass and soda, have a very deleterious effect upon the system, used, as they are, with such great freedom in cookery. It was believed that the pathological changes which are supposed to result from *this* use of these substances, have not been clearly stated, or substantiated, and that possibly, or even probably, this may be a popular error. A diversity of opinion appeared to exist upon this subject among the members present.

Dec. 7th.—*Sloughing of the Corneæ. Pemphigus.* Dr. Ely reported a case of sloughing of the corneæ from inanition. The patient was an infant of about four months. Dr. E. also reported a case of death from pemphigus. This subject was also an infant of about four months.

Dr. Brown reported the recent death from pemphigus, of an infant of about four months. This affection was stated to be of very frequent occurrence among the squalid poor in Ireland. It was popularly known among this class by the appellation of "burnt holes," and was often very fatal.

Cauliflower Excrescence of the Womb.—Dr. W. O. Brown reported the following case.

The patient was a mulatto woman, aged about 42 years, unmarried, though the mother of two children. She was anæmic and anasarcous; the lower limbs, particularly, were much distended with the dropsical effusion. She stated that, several months before, while about her labor in a saloon, she had been attacked with profuse flooding, which very much exhausted her. She had, since that time, perhaps at irregular intervals, been subject to attacks of uterine hæmorrhage. During the intervening periods, she had had a profuse, watery, or sometimes slightly sanious discharge from the vagina. This had continued to increase in amount until she was reduced to the nearly helpless state in which she was found. On examination per vaginam, a soft, irregularly-formed body was found blocking up the passage, and extending nearly to the vulva. It appeared to be but little sensitive to the touch, but bled profusely on attempting to pass the finger up to its insertion or around it. It had distended the vagina to the extent of perhaps three inches laterally, and its insertion apparently embraced nearly the whole of the cervix uteri, extending somewhat up the neck externally. On examination with the speculum, the color exhibited was a deep red, resembling a fully-ripe strawberry, or nearly approaching the color of a clot of blood. She was put upon a tonic course of treatment—iron, quinia, &c.; but as it was evident the discharge must soon exhaust her, after a consultation and an explanation to her of the uncertainty of a favorable result, it was decided to ligature the excrescence, which was accomplished by means of Gooch's double canula, with considerable difficulty, in consequence of the size of the tumor. So little pain was experienced, that an anodyne was not taken for several days, although left with her from the first. The patient's appetite remained good, and she did not appear to sink under the effect of the ligature, which was tightened nearly every day, until it came off, on the eighth day after its application. Nearly the entire mass was removed, which was, however, shrunk to about the size of a horse chestnut. The discharges during the operation of the ligature, and for some time after, were intolerably fœtid, to correct which, in-

jections of solution of chloride of lime were given. Astringent injections of alum, iron alum, &c. &c., were given, but with very little satisfaction. After the removal of the excrescence, an irritative fever came on, partly, as was supposed, in consequence of absorption of putrid matters; a diarrhœa, due in part to imprudence in diet, also supervened. After about a week, however, she rallied from this condition, the discharge was very much arrested, and she was so well as to be about, and walked at one excursion more than two miles.

Mainly in consequence of her having no fixed habitation, she received but little attendance after this, and after a few weeks the discharge increased greatly, attended with profuse hæmorrhage, and she died in a little more than two months after the excrescence was removed.

It is thought probable, that, had circumstances admitted of the application of caustics or other suitable measures, the discharge might have been more effectually arrested after the removal of the tumor, and the patient's life have been prolonged.

New Mode of Preserving Vaccine Virus.—Dr. Collins read a paper upon a new method of using and preserving vaccine virus by means of glycerine.

Physicians (Dr. C. remarked) are so often disappointed in the use of vaccine virus after it has been kept a little while by the usual methods, that it becomes a matter of considerable importance to be able, by some easy, expeditious and certain process, to preserve it for a greater length of time.

In the October number of the *American Journal of the Medical Sciences*, page 561, appears the following paragraph:—"The Chicago correspondent of the *Peninsular Journal of Medicine* states, that Dr. Andrews, of Chicago, has made some experiments in the preservation of vaccine virus by solution in glycerine, using the solution instead of the solid matter for vaccination. In Dr. Andrews's experiments the vaccine matter was kept in solution two or three months of warm weather, at the end of which time seven cases were vaccinated with it, without a single failure. The scab, broken into three or four pieces, is thrown into a little glycerine, and occasionally shaken. It will slowly dissolve without further care. Dr. Johnson has repeated Dr. Andrews's experiments with success."

Having experienced much trouble, particularly of late, in keeping a reliable supply of vaccine virus, for public vaccinations, I was glad to meet with any suggestions which would aid me in accomplishing this very desirable object. I immediately made some experiments, which have convinced me that, by the use of glycerine, we can probably preserve vaccine virus for a great length of time, and that when we desire it for more immediate use, this liquid is by far the best solvent for the solid matter that we possess. It saves us both time and trouble, and enables us to use the matter with much greater economy, which is of importance when our stock happens to be small. I think that no one who has once used glycerine for this purpose, would desire to use anything else.

In my first experiment I pulverized about one-eighth of an ordinary scab, upon a glass plate, and moistened it with a small drop of glycerine. It is better that the matter be pulverized, as it otherwise dissolves very slowly. The quantity thus prepared served for my vac-

cinations for several days, amounting in all to twenty-four, among which there were but two failures—a success which I have rarely attained when using water as the solvent. There was, of course, no drying up of the matter after the solution, requiring renewed applications of the solvent, and so long as any remained upon the plate it was ready for immediate use.

I next pulverized another one-eighth of a scab, and dissolved it in about two drops of glycerine, placed at the bottom of a very small phial. From this I filled, by suction with the mouth, four of the usual capillary glass vaccine tubes, and sealed them hermetically—using for this purpose but about one half of the two drops. From one of these tubes I have since vaccinated three children successfully, using less than one half its contents. The other three tubes I shall keep for some time, to see if age will in any degree impair its quality.

I see no reason why, when thus dissolved in glycerine, and hermetically sealed in glass tubes, it should not retain its virtue for a great length of time The antiseptic qualities of the glycerine, I should judge, would render it less liable to change than is the pure vaccine lymph when treated in the same way, which we know can thus be kept for many months.

If I am correct in the foregoing conclusions, which a little time will determine, the preservation of vaccine virus and the distribution of it, when desired, to distant sections of the country, will become an exceedingly simple and easy affair. A single scab, prepared as above, would be sufficient to fill some fifty tubes, each of which would be capable of vaccinating ten or more persons.

I would suggest that the glass tubes, for this purpose, should be drawn with a little larger bore than those in use for the pure lymph, both for the convenience of filling, and that the solution may be used in a little more concentrated form than is practicable with the very fine capillary tubes which answer well for the latter purpose.

Diseased Supra-renal Capsule.—Dr. Collins reported a case of disease of one of the supra-renal capsules occurring in a colored man, about 70 years of age, who died of pneumonia of the right lung. The kidneys were large and a little fatty. There was a cyst in the right one. The left capsule was normal. The right was enlarged by a deposit, in its medullary substance, of a flattened ovate form, one and a half inch in its long axis, and three-fourths of an inch in its short. Its color was a little lighter than the normal medullary substance. It was surrounded by about the usual thickness of cortical tissue.

Under the microscope it presented great quantities of fat, and appeared to be a fatty degeneration of the normal medullary substance. There had been no symptoms noticed referrible to this lesion.

Oxalate of Lime Deposits.—Dr. C. also made some remarks on the frequent occurrence of oxalate of lime in the urine, he having met with nine cases since the first of July last—six times in males and three times in females. His experience goes to confirm the statement of Dr. Bird, "that the *oxalate is of far more frequent occurrence in the urine* than the deposits of earthy phosphates."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 11, 1858.

CONSULTATION WITH HOMŒOPATHISTS.

Should the regular physician consult with homœopathists? This question has been often asked and answered both at home and abroad. Sometimes a positive and indignant negative has been given; at others, motives of so-termed expediency, or, in rare instances, honest doubts, have made the reply a qualified one, or rendered the expected respondents temporarily dumb.

We confess that we honor that independent spirit which makes a practitioner refuse, point-blank, to meet homœopathists in consultation; on the other hand, we listen with respectful deference to the arguments which honored physicians of ripe age and valued experience adduce to justify their occasional communications of this nature with them. While we listen, however, we cannot be convinced that in so doing they are right. The greater their age and the more precious and sought after their wisdom, the more does the latter belong to those only who are not disciples of a mere dogma, and who scorn the duplicity which lends to Hahnemannism the characters of the chameleon.

Can the regular physician consult with homœopathists? We have no hesitation in saying, decidedly, that he cannot. Those in our own community whom we respect most highly, and who have been asked to meet homœopathists in consultation, and have from any reasons felt justified in doing so, yet expressly tell us that on such occasions, they announce to the friends and to the irregular practitioner, that unless their (the consulted physicians') views are faithfully carried out, they decline any responsibility or action in the case. The cases in which they are thus summoned, are generally so serious that the consulting parties are only too glad to yield the point at once. This being so, how is there any *consultation?* The true physician knows very well that there can be none, and so does the homœopathist; their opinions and practice are antipodal. Virtually, this meeting at the sick man's bed-side is the lowering of the homœopathist's flag; he is ignored; he is as though he were not; the conference is not one at all, it is *a dictation* on the part of the consulted physician; in fact, the homœpathist relinquishes the case and the physician takes it up. It matters not whether the latter ever sees the patient again or not,—if his terms have been acceded to and compliance promised, the parties being presumed honorable—the facts are the same.

This sort of consultation, then, is a sham consultation—no consultation—dictation. Why misname it? Why call for it at all? It were better, in such circumstances, if patients alone, or if both patients and infinitesimal practitioner become uneasy, alarmed, distrustful —to dismiss the faltering disciple of potentialities and call in the man they would wish of all others to consult, and give him the charge of the case. The other procedure amounts, in the end, to the same thing, but it entails a vast deal of unpleasant feeling, and disagreeable imputation, while it often inflicts much actual wrong upon the honest members of our profession.

The chief injury caused by the so-termed consultation between physicians and homœopathists is, that it leads the public to believe the latter quite on a par with the former; and certainly the profession, if they endorse the procedure, give ample reason for the opinion. They thus destroy their own influence and prospects, and become completely suicidal. There are those who, by the gifts of fortune, or by a long and successful practice, are able to take these matters in a very nonchalant way; but the chief recoil is upon others less able to bear these leaks made by medical men in the professional ship—and especially do the *young* men feel it—they will feel it yet more decidedly, if we are not greatly mistaken.

"Consultation" obtained with a distinguished physician of the true stamp, is therefore a great triumph, naturally, to the homœopathic practitioner, whether the latter be a German ostler self-constituted a "doctor," or a well-educated man with one or several of his mental screws loose. And by so much as it encourages the homœopathist, by just as much it discourages, depresses and depreciates in the public eye the truthful and honorable physicians who claim kindred with their consulting brother.

The subject is a serious one, we think; it is not to be evaded, or turned aside with a smile, as if of no consequence. There will be quite as frequent occasions as ever, in time to come, when homœopathists will be glad, or when friends will compel them to call in aid, and distinguished regular physicians will be sure to be the ones sent for. Will they continue to term such meetings a "consultation"; will they still think it right thus to lend the *prestige* of their names and influence to a sect of pretenders; is it consistent with their position as members of an honorable and mutually dependent profession, thus to favor those with whom they acknowledge not the slightest similarity in medical opinions, at the expense of those with whom they wholly sympathize, and to whom they owe a better allegiance?

If homœopathists wish to consult upon medical matters, why do they come to those whom they know to be so utterly at variance with them? If there are none within their own *clique* in whom they have greater confidence than in themselves, let them resign all threatening and puzzling cases. If the patient's friends believe it is their duty to seek for more light and aid, let them be enlightened as to the absurdity of bringing two men together to *consult* over a critical case, who agree in nothing, medically, and who are not likely to agree. If, after knowing this, they are willing to commit the absurdity, theirs is the responsibility, and the disagreeable position is that of the two antipodal characters victimized—and, *finis*, there is the "consultation" fee—rather, we should say, the fee for dictating to the silenced homœopathist what he shall do henceforth, so far as that patient is concerned. An interesting predicament, truly.

More than aught else, however, do we deprecate the precedent which allows the public to suppose that we and homœopathists are "hail fellows well met," which, of course, is a legitimate deduction from the fact of even dictation-consultations with them. There are enough stumbling-blocks in the way of young, and even middle-aged, physicians honorably pursuing their arduous calling, without having any new ones added. And well may many who would otherwise struggle on bravely, and with high hope of success, even if not prop-

ped by adventitious aids, falter and finally give up in despair and disgust a pursuit whose followers cannot protect themselves against abuses like these. That was a miserable day which saw the first homœopathist in the Massachusetts Medical Society. As time has gone on and more have been tolerated therein, they have done nothing but make trouble for the rest of the members; their own rights as such have now become one reason with some why they should be consulted with; and they still cunningly hold their places, notwithstanding they have a society of their own. The Massachusetts Medical Society thus loses its protective power over its worthier members; and, if more of the infinitesimal leaven is yearly to be infused into it, will soon not be worth the annual assessment. Let us hope for and have a reform—other societies in this country and elsewhere have effected one, why should not ours?

NEW MODES OF APPLYING THE ACTUAL CAUTERY.

In a late number of the *Union Médicale* we find some suggestions respecting the employment of the actual cautery, which appear valuable for a class of cases in which it is not desirable to have recourse to the severe application of the old method by means of the red hot iron. M. Bonnafond has invented a new "caustic crayon," composed of 75 grains of gum tragacanth, 4 drachms of powdered wood charcoal, and 30 grains of nitrate of potass. The gum is to be dissolved in a sufficient quantity of water to make a thick solution, the process being facilitated by the addition of a little sugar; then the nitre and charcoal, mixed together, are to be added gradually, to form a mass sufficiently consistent to be made into cylinders of different sizes. He afterward found that the nitre might be advantageously omitted. The end of the cylinder being ignited, is to be lightly applied to different points of the affected part.

In a subsequent number of the same journal, Dr. Chevillion describes a still more simple method of applying the actual cautery. He employs a small roll of linen, one end of which is to be ignited in the flame of a candle. On blowing gently upon the lighted end a few moments, a little red-hot cone is formed, with which the skin is to be touched. In this way fifty or a hundred applications can be made in a few minutes. This method is especially useful in dorsal and lumbar neuralgia, sciatica, old glandular swellings, obstinate facial paralysis, dropsical effusions into the joints, &c.

TREATMENT OF CROUP BY THE INHALATION OF CHLOROFORM.

An "Inquirer," alluding to a notice in the Journal for January 22d, 1857, of the successful employment of chloroform by inhalation in cases of membranous croup, by M. Passavant, asks whether any further experiments have been made, and if so, with what success. We have met with no notice of any other experiments of the kind, and from the length of time that has elapsed since the publication of those of M. Passavant, we are inclined to believe that, as is frequently the case with new remedies which promise much at first, the results have not been confirmed by farther experience. The success of M. Passavant is certainly very remarkable, and the experiment is so easy of performance that it would be surprising if it were not tried by others. We regret to be also unable to furnish any information concerning the

use of the inhalation of chloroform in cases of catarrh. There is good reason for believing that it might be of service in relieving some of the symptoms, though it could not probably shorten the duration of the disease.

The Massachusetts General Hospital.—We are glad to call attention to the good news of increased accommodation for the sick poor at the Massachusetts General Hospital, in relation to which a correspondent has sent a communication, which appears in our pages to-day. It would seem to be admitted, on all hands, that provision of this nature is loudly demanded ; and while we are no less confident than ever that much discrimination in extending aid of every sort to the poorer classes is requisite, we are gratified to be able to announce that such as are really deserving are likely to receive the care they require.

It cannot be an infrequent thing that practitioners in the country should wish to avail themselves of free hospital accommodations ; such an application was lately made to us. By a happy coincidence of action we now have a Free City Hospital under way, and forty free beds, additional, at the Massachusetts. We congratulate the latter Institution upon its late windfall—the receipt of Dr. Treadwell's legacy —and the former upon its birth and the nursing care it is receiving.

Dr. Brown-Séquard's Journal of Physiology.—We have just received the first number of the *Journal de la Physiologie de l'Homme et des Animaux*, published in Paris under the direction of M. Brown-Séquard. This number contains thirteen original articles on physiological subjects, a periscope of the progress of physiology, and an analysis of new books. It fully sustains the high reputation of its distinguished conductor, and will occupy the first rank among European scientific journals. Each number will contain from 160 to 200 pages, with plates and engravings, and will appear quarterly. The publisher in this country is M. Baillière, 290 Broadway, New York. The price of the Journal in Paris is eighteen francs a year.

Health of the City.—The high rate of mortality which we noticed as occurring the week before last, continued during the past week, though somewhat diminished. There were 6 deaths from scarlatina, 5 each from pneumonia, "dropsy in the head" and "teething," and 4 from measles, one of whom was a woman aged 40 years. The number of deaths during the corresponding week of 1857 was 70, of which 10 were from consumption, 10 from scarlatina and 6 from pneumonia.

In a part of the edition of this number of the Journal, the cut on page 113 was accidentally inverted.

Communications Received.—Epidemic Yellow Fever of 1856 at Bay Ridge and Fort Hamilton.—Remarks on Elongation of the Uvula as a cause of Disease.

Married,—In Gloucester, Feb. 2d, Dr. Samuel E. Coues, U. S. N., to Miss Mary B. Hughes.—In Bradford, Feb. 18th, Dr. George B. Cogswell, physician at the State Almshouse, Bridgewater, to Miss Kate B. Brown, of Bradford.

Deaths in Boston for the week ending Saturday noon, March 6th, 80. Males, 45—Females, 35.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 15—convulsions, 2—croup, 3—dropsy, 1—dropsy in the head, 5—debility, 1—infantile diseases, 2—epilepsy, 1—erysipelas, 2—scarlet fever, 6—disease of the heart, 3—hæmorrhage, 2—inflammation of the lungs, 5—disease of the liver, 1—marasmus, 4—measles, 4—old age, 1—palsy, 1—pleurisy, 2—rheumatism, 1—disease of the spine, 1—scrofula, 3—teething, 5—tetanus, 1—thrush, 1—unknown, 1.

Under 5 years, 39—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 9—above 60 years, 7.

Tennessee Hospital for the Insane.—The third biennial Report of this Institution (Dr. Cheatham, physician and superintendent) represents it to be in a flourishing condition. "The present number of patients under treatment is 158, and 69 have been discharged during the last two years, of whom 28 were restored, 8 much improved, 4 improved, 10 stationary, and 19 died." The mode of heating and ventilating is represented as very efficient, a large fan driving heated or cold air through the entire building at the rate of 60,000 cubic feet per minute. A small farm and an extensive green-house are attached to the hospital.

New York Medical College.—The Eighth Annual Commencement took place at the College edifice on Tuesday evening, 2d inst. Dr. Horace Green, LL.D., President of the Faculty, read the names of the members of the graduating class, who came forward to receive their diplomas. The Hippocratic oath was taken by each, and the degree of M.D. was conferred upon thirty-three candidates. The Honorary Degree was conferred on Gonzalo Jorrin, M.D., Cuba, W. I.; Prof. Vincente A. de Castro, M.D, Cuba, W. I.; Dr. J. H. Bailey, U. S. N. Prof. B. Fordice Barker delivered the valedictory address to the graduating class.

Ohio Lunatic Asylums.—The nineteenth annual report of the Central Asylum, at Columbus, has been published. Dr. Hills states the number of inmates as follows:—Remaining at the close of last year, 223; received during the year, 195; number discharged (including 32 died), 159; remaining, Nov. 1, 1857, 259. Total number treated during the year, 418. Much attention is given to the employment of the inmates, with marked benefit to them. The income from the farm and kitchen garden last year, was $1,617 55; from the women's sewing-room, $382 45. Expense for the year, $46,183 35.

The Southern Asylum, at Dayton, a more recent establishment, had 285 under treatment during the year. Number discharged, 124. Dr. McIlhenny is the superintendent. Cost of sustaining the institution last year, $28,781 65.

Presentation of the Wood Prizes at Bellevue Hospital, New York.—On Monday, 1st inst., at Bellevue Hospital, as we learn from the New York *Times*, Dr. Valentine Mott, on behalf of Dr. James R. Wood, the donor, presented two prizes, one of fifty dollars, and the other of twenty-five, to the makers of the best two of the anatomical preparations presented for deposit in the museum founded by Dr. Wood in the Hospital to which he is attached as Surgeon. The competition was open to all the students of surgery and anatomy in the three medical colleges of the city, and to the professors of those branches in each of the colleges was deputed the duty of making the awards. There was a very large attendance of students, professors, members of the Faculty, and friends of the profession and the Institution. The successful specimens were exhibited on a table in the centre of the lecture-room, and were much admired. The larger one was an excellen preparation of the nervous system of the face; the other, a preparation of the nerves of the head in connection with the sympathetic system of that part of the body. Dr. Francis introduced Dr. Mott, who, after some excellent and well-received prefatory remarks, presented the prizes:—the first to Mr. George F. Shrady, student of the Twenty-third-street School (the College of Physicians and Surgeons), and now connected with the surgical staff of the New York Hospital School, and the second to George Edward Post, the son of Professor Alfred C. Post, of the Fourteenth-street School. Dr. J. W. Francis then rose, at the request of Dr. Mott, and addressed the audience at some length. He was followed by Professor Smith, of Twenty-third street College, who made a few remarks indicative of his high approval of the object for which the prizes were offered, and of the merit of the specimens exhibited.

South Carolina Medical Association.—The annual meeting of this Association was held in Charleston, at the Roper Hospital, on the 3d and 4th of February—Dr. R. W. Gibbes, President, in the chair. An address was delivered by the President, a paper read by Dr. R. S. Bailey, and a preamble and resolutions adopted in relation to the lamented death of the late Dr. T. Y. Simons. The annual oration was delivered by Dr. J. McF. Gaston. Four new members were admitted to the Association, and fourteen delegates appointed to the next meeting of the Am. Medical Association at Washington.

THE

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ASPHYXIA FROM IMPERFECT COMBUSTION OF GAS.

[Committee's Report of the Case, read before the Boston Society for Medical Improvement, Feb. 8th, 1858, and communicated for the Boston Medical and Surgical Journal.]

THE Committee appointed January 25th, to investigate the circumstances of the recent fatal accident, attributed to a gas stove, presented the following report of the case.

Mr. J. H. B., æt. 48, resided in Roxbury. For fifteen years he has suffered from severe dyspeptic symptoms, recurring more or less frequently, and occasionally attended with great distress and pain. Latterly the paroxysms had come on every three or four weeks, commencing with great pressure in the epigastric region, which was soon followed by severe pain. These attacks were always an hour or two after a meal. He is reported to have been at times rather imprudent in his eating.

Generally, his bowels were in a loose condition, with now and then a passage of some undigested food. His nights were frequently, from the above causes, sleepless, restless and painful, so much so that he has been known to have often started from his house at one or two o'clock in the morning, and walked into Boston as far as State street and returned. In connection with this, it should be mentioned that, for the above reasons, he was in the habit of lying on the outside of the bed without taking off any of his clothes.

He appeared as well as usual the day before his death. On Sunday night, January 24th, he probably had one of these dyspeptic paroxysms, and did not undress himself, as only the outside of the bed was tumbled. His sleeping room was below the one where he was found. It is not known when he went up stairs, nor how long the gas stove had been burning. This stove, known as Davis's Gas Stove, was purchased about six weeks previous to his death. As it was not in his sleeping chamber, he was not in the habit of going much into this room, except to take a bath in a small room leading from it. It is not known how long he had remained there at any one time with the gas stove in operation. The gas was usually lighted when he took a bath. So far as could be ascertained, he had never made any particular complaint against the stove, either in regard to any smell or effect upon his general

feelings, though the domestic said that she had noticed at times a peculiar smell in the entry, and heard him complain lately more than before of suffering from headache.

He was seen by a domestic in an opposite house, on Monday, at 5, A.M., standing, with his dressing gown on, at the window near the bath room. Her attention was directed there, on account of her seeing a bright light in the room at that early hour. No one saw him alive afterward, so far as can be ascertained.

At 8, A.M., his nephew, attracted by a strong smell in the entry, went to the door, and on opening it saw his uncle in a sitting posture on the lounge, not reclining, with the side of his head resting on his shoulder. Seeing him so pale, he supposed the case one of fainting, and carried him immediately to the window and poured water upon his face. But he found that he was dead. On entering the room, the nephew stated that it was full of a bluish mist and a strong acid odor. Both gas lights were burning, as also the stove burner. There was a circular red-hot band about the stove. He was obliged to leave the room as quickly as he could, from the effect upon his head, eyes and breathing.

Dr. Windship was immediately sent for, and Mr. B. was placed in another room. Dr. W. supposed he had been dead for some time.

Post-mortem Appearances.—There was a general pallor of the surface of the body. The countenance was pale and tranquil. There was a pretty firm general cadaveric rigidity of the body. On opening the chest, the lungs were found perfectly collapsed, with two or three old adhesions at the apex of each lung. The color was similar in each, consisting of alternate transverse bands of an almost scarlet redness, and black pigment spots of the size of a pea. This was uniform over their whole surface. On pressure, there was fine crepitation, and as much as the thin, collapsed condition of the lung would admit. Every portion had a natural, soft, yielding feel, and there was no sign of any venous congestion, not even the usual *post-mortem* change in the dependent portions. The pericardium contained about an ounce of thin, yellowish liquid. The heart was perhaps smaller than natural, hard and firm to the touch, as if in a strongly contracted state. On removing it, the blood that escaped was fluid, dark colored, and without any coagula. The walls of the left ventricle were of a color difficult to describe, being something between a cherry red and scarlet. The valves were perfectly natural.

An incision being made in different parts of each lung, there escaped a fine frothy, thin liquid, in a small quantity, the color of which on the hand was different from that of usual venous or arterial blood, and resembling a sealing-wax redness. Very little dark blood was seen in a large vein that was divided. The substance of the lung, throughout the divided portions, was of this sealing-wax redness, as was likewise the mucous membrane of the bronchi.

The whole of the interior of the upper half of the intestinal canal and of the stomach, except a small dark spot of cadaveric softening near the cardiac orifice, was in a highly injected condition, the color of which was of a bright sealing-wax redness. The blood pressed from any part of the cut surfaces was of neither the usual arterial or venous color, but of a peculiar shade of red, not pink nor scarlet, but decidedly more like sealing wax, and giving the appearance almost as if painted. This color gradually became fainter in the lower half of the intestines, and was nearly absent at the commencement of the large intestine. The cardiac and pyloric orifices were both considerably contracted.

The stomach was about two thirds full. Throughout the stomach and intestines, there was not the slightest appearance of any ulceration. In some spots Peyer's patches were seen to be prominent, but not ulcerated. The left kidney was much longer than the right, and larger than natural. Its substance was about an inch and a half in thickness, and of the same color and consistency as the walls of the heart. The bladder was full of urine. The vessels of the surface and substance of the brain contained much less blood than usual. There was not the slightest appearance of any congestion there, nor in the vertebral canal, as far as could be seen. The lateral ventricles had about a drachm of fluid in each.

The above sealing-wax color was very striking and peculiar. As far as can be ascertained, no parallel case has occurred; but in those most nearly resembling it, as in the deaths from the fumes of burning charcoal, though the appearances were in some respects similar, they were not alike in all cases. The anatomical characters alone furnish no positive data upon which to base an opinion of the cause of death.

When the committee visited the house of Mr. B., the gas stove had been lighted about two hours and a half previous to their arrival. A distinct odor was noticed in the entry leading to the room in which the stove is placed; and on entering, the room was found filled with a bluish vapor, of a suffocating odor, and highly irritating to the throat when inspired. The odor was that of the mixed products resulting from the imperfect combustion of coal gas. About twenty cubic feet of gas were found to be consumed per hour. The room is about thirteen feet square, with a rather low ceiling. The fire-place was closed up, except an opening for a stove-funnel, also covered.

The sole products of the complete combustion of pure coal gas are gaseous carbonic acid and the vapor of water. Whether the gas is burned for illumination, or mixed with atmospheric air previous to its combustion, as when used to furnish heat, the products of perfect combustion are the same, and no odor is evolved. Incomplete combustion furnishes entirely different results. Besides water and carbonic acid, there are evolved carbonic oxide gas, vapors

of aldehyde and formic acid, and probably other substances. Aldehyde and formic acid have powerful odors, and are irritating to the respiratory organs. Carbonic oxide is known to be an active narcotic poison, and is now regarded as the chief cause of the deadly effects of burning charcoal. The products of imperfect combustion are far more deleterious than carbonic acid gas, or unburned coal gas. Carbonic oxide especially is a remarkably insidious poison, and is dangerous even when mixed with a large proportion of atmospheric air.

The committee are of opinion that an adequate and sufficient cause of the fatal result in this case is found in the deleterious products resulting from the imperfect combustion of coal gas. As they were appointed to investigate the case before them in its medical bearings only, they have not carried their examination farther, nor inquired into the causes of the defective operation of the gas stove.

JOHN BACON,
CALVIN ELLIS, } *Committee.*
GEO. H. GAY,

The following account of an experiment upon a cat, placed in a room with one of the gas stoves above referred to, was read at a subsequent meeting by Dr. Ellis.

The cat was placed in an iron grated cage, elevated two and a half feet from the floor, the room being eight feet square and ten feet high. The thermometer indicated 90° when taken out. The first thing noticed was a snapping of the eyes, then a crying (as is frequently heard in the night from cats), this becoming, in fifteen or twenty minutes, pretty loud. In a short time this crying stopped. The mouth moved, but without any noise. She sneezed fifteen or twenty times, and rubbed the nose and face with her paw; afterward tried to bite the iron grating of the cage. There was a flow of watery fluid from the mouth, but without any frothing. The mouth was open most of the time. While lying down she would try to get up on her back legs, and would fall over immediately. In thirty minutes, there was a tremulousness and throwing back of the head. The respiration became long and stertorous. Convulsive movements came on about the epigastrium, which increased over the body generally, and in 48 minutes the animal was dead.

NON-MERCURIAL TREATMENT OF SYPHILITIC AND OTHER CUTANEOUS DISEASES.

[Read before the Suffolk District Medical Society, February 27th, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY WILLIAM M. CORNELL, M.D.

AT a former meeting of this Society I read a paper upon the comparative merits of *arsenic* and *stillingia* in diseases of the skin, giving the preference to the latter.

I now purpose to show that, in the whole class of cutaneous, and other diseases arising from *syphilitic taint*, other remedies are more certain in the removal of the difficulty, and much more safe for the patient, than mercury.

Mercury, in some of its forms, has been considered *the specific* for this disease in all its stages; though it has generally been admitted, that it was eradicated before this mineral was employed as a medicine, and has often been since, without its use. Happily, both for the credit of the doctor, and the welfare of the patient, the old method of *salivation* is no longer resorted to, even by those who still believe that mercury is necessary in the treatment and cure of the disease in some of its forms.

Having had some experience, during the last twelve years, in treating *diseases of the skin*, whether they had originated from this peculiar malady, or had sprung from other causes, I wish to state my opinion, and the arguments upon which it is founded.

I have used mercurial preparations, and seen them used, in all their forms, in the various stages of the disease above named, and I have yet to find *a solitary case, of a chronic form*, which has been removed, or alleviated, even, by the drug now in question, save only in one form hereafter to be named. I look upon the *stillingia* (as recommended in my former paper) as the best vegetable alterative, in this whole class of diseases, in their *chronic* form; and I have great confidence that the physician who perseveres in its use will find his patients improve, and that much more generally, than under the use of arsenic or mercury.

Another medicine in these cases which has proved highly satisfactory in my hands, is the *nitric acid*, given in doses of ten drops three times a day. Thirty years ago this medicine was given much more frequently, in debilitated constitutions, than it is at present. In the debility attendant upon these cases, the following is often a serviceable remedy. ℞. Com. tinct. bark, ʒ ij.; sulph. quinia, grs. xij.; muriatic acid, gtt. xx. M. Dose, a teaspoonful *ter die*. The old oxygenated muriatic acid was much employed in these diseases many years ago. It probably forms the basis of a preparation, now sold under the name of "*Oxygenated Bitters*," and is a valuable medicine when it *hits the case*, which it probably does not one time in fifty, when purchased and taken at random. I have found the following useful, in some of these old broken-down constitutions. ℞. Ioduret of iron, ℈ iss.; castile soap, ℈ iss.; alkaline ext. gentian, ʒ i. M. Ft. pil. No. xxx. Dose, one pill night and morning.

The *diet drink*, named in my former paper, is one of the best medicines for purifying the blood. For the same purpose, the following recipe furnishes an excellent alterative. ℞. Iodide of potassium, ʒi.; iodine, gr. ij.; mucilage of acacia, ʒ iij.; hydrocyanic acid, gtt. xij.; aqua pura, ʒ v.; sach., ʒ ss. M. Dose, a tablespoonful twice a day, in a wine-glassful of water. The *bromide*

may be substituted for the iodide of potassium, as it is equally efficacious, though it requires a longer time to produce its beneficial effects. The only advantage possessed by the latter is, it is cheaper.

If mercury is ever to be employed as an alterative, in these forms of constitutional taint manifested by cutaneous eruptions, the most efficacious form in which I have used it is that of Dr. Channing, named in the U. S. Dispensatory, page 1340, of the edition of 1851, under the name of *iodo-hydrargyrate of potassium.* "The average dose of this remedy is stated by Dr. C. to be one twelfth of a grain three times a day; but, in peculiar constitutions, not more than the forty-eighth, ninety-sixth, or the two hundredth of a grain, daily, can be borne." The testimony of many physicians is much in favor of this medicine as an alterative.

I am by no means alone as it respects treating this whole class of diseases without mercury. In the *New York Journal of Medicine and Collateral Sciences,* I find the following remarks, which I consider very judicious and sensible. They are from the pen of Dr. Scott, and relate to the non-mercurial treatment of syphilis. "Thirty years since," he says, "there was no doctrine in the profession, which was considered to be so well founded as the treatment of syphilis by mercury. In England, none presumed to differ from the opinion of John Hunter, that the disease was incurable without mercury; and not only that the medicine was required to remove the disease itself, but that to cure the disposition to it, and to secure the constitution from its ravages, an extended course of mercury was required. Sir Benjamin Brodie still retains this opinion, and he (Dr. Scott) would not have called the attention of the Society to this subject, had he not observed, in the lately published essays of Sir Benjamin, some remarks, which from so high an authority appeared to him calculated to lead to an injurious line of practice. Every now and then, a dissenting voice had been raised against the mercurial doctrine, but the profession, in general, adhered to the opinion of John Hunter."

Dr. Scott's own experience is related as follows:—"In 1813, he was placed, for a short time, in Columbo, in charge of the venereal wards, in which the cases were all treated with mercury. Many of them, he found, were well in a few days; others in five or six, others in three weeks; periods too short to warrant the conclusion that they were venereal. They were, therefore, set down as cases of pseudo-syphilis. The number of these cases increased with the field of experience; and, in a few years, the use of mercury was gradually resigned in almost every case of local disease. The *secondary* symptoms were few and slight, and never required an extended course of mercury. The same plan of treatment was adopted by them, and in a few years, Dr. Scott, then garrison surgeon at Point de Galle, entirely abandoned the use of mercury. In 1818 and 1819, Dr. Scott became acquainted with the results of the

investigations which had been carried on in England, and, since that time, had abandoned the use of mercury, as a specific. He had found many cases in which it was required, as an alterative. Dr. S. stated that he considered every case of local disease curable without mercury; and that, under such treatment, the secondary symptoms, when they did occur, were slight, and easily managed. Dr. S., in the course of his remarks, described the miserable victims who were constantly found in military hospitals, at the time mercury was used, affected by extensive ulcerations, nodes, &c., who furnished a considerable number of the invalids, and many deaths. Since mercury was abandoned, such cases had disappeared from the hospitals."

Dr. Maclagan expressed his satisfaction that Dr. Scott coincided in the views he (Dr. M.) had long entertained on this subject. His confidence in mercury, as a specific in syphilis, had been first shaken when, after he was a graduate in medicine, he attended, for some months, the Lock Hospital, in London, under Mr. John Pearson. There, every variety of form in the disease presented itself; but, in very many cases, seemed to be aggravated, rather than benefited, by the mercurial course. Dr. Pearson often expressed doubts, whether, in many constitutions, the use of mercury had not been more injurious than beneficial. Dr. Maclagan had seen Portuguese soldiers cured of the primary form of the disease by topical remedies alone, or merely by the addition of Lisbon diet and drinks, and, sometimes, without either. He saw none of those cases of secondary symptoms in an aggravated form, to which his late lamented friend, Dr. Ferguson, has alluded, in his paper to the Transactions of the Medical and Chirurgical Society of London. Since 1818, Dr. Maclagan, with a few exceptions, where the patient's scruples afforded a full explanation, demanding its modified use, had adhered to the non-mercurial plan of treatment, both in dispensary and private practice; and, in no instance, has he had reason to regret it. Many, who were then so treated, are his patients still; fathers of families, enjoying, as well as their offspring, excellent health, and without the occurrence, in the period of thirty years, of any secondary symptoms of an aggravated form. On the other hand, he has seen too many cases where the use of mercury, to its full extent, has been productive of constitutional injury of the most serious character."

Dr. Bennet said, "That reports had been made to the Governments of France, Germany and Sweden, of 80,000 cases, treated upon the non-mercurial plan, and their general results were quite in accordance with the experience of Dr. Scott."

I have related the experience of these men upon a point on which I have not myself had an extensive practice, namely, the *primary* stages of this disease. My experience has been chiefly in those cases of a chronic form, manifesting the disease in what are called secondary or tertiary symptoms, always arising from a

constitutional taint. Dealing with chronic diseases, of various forms, especially with those of the *skin*, I have seen almost all kinds of such cases; and I have known the most aggravated forms of chronic eruptions, upon the head, face, and other portions of the body, wholly removed, and permanently to disappear, under a treatment without a grain of mercury. In some of these cases mercury had been employed, even to salivation, without any obvious benefit. For a dozen years, I have closely watched these peculiarities of skin diseases, and am satisfied that there is a better, safer, and more eligible method of treating them than, by employing either *mercury*, or *arsenic*. If this be so (and I think it can be proved to be) I ask, are we justified in using heroic remedies, which may produce serious injury to our patients, without removing the original disease? Would not their disuse redound to our credit —would it not be another triumph added to the success of our profession, and does not humanity demand a discontinuance of medicines which are really unnecessary, and often productive of the gravest injury to those who entrust their health and life to our hands?

I am happy to corroborate these views by the following quotation from the *London Lancet* of June 27th, 1857. "In a recent visit to the Royal Free Hospital, where a number and variety of syphilitic cases are to be met with, especially of the secondary eruptions, we find they are treated by the administration of stomachic and tonic remedies and good diet, conjoined with the following formula, viz.: sulphur, ʒ i; sulphuret of antimony and nitrate of potass, āā gr. v., mixed into a powder, half of which is given night and morning, and persevered in till the eruption disappears, the health is improved, and a cure established. Dr. Marsden has employed this mode of treatment for twenty-seven years, in thousands of cases, and he observes that not one in a hundred instances has he known to return with constitutional symptoms."

Specific Gravity of Urine.—It is difficult to assign the limit below which the specific gravity of urine in health does not fall, for in some cases it consists of little else than water, the density being as low as 1003, while it rarely exceeds 1030.

The *average* specific gravity of urine, according to Dr. Routh's experience, is 1020. From a number of careful observations made by that gentleman, it appeared that the mean density of the urine passed in twenty-four hours, and examined by him, was in men 10189, and in women 10151; the mean for both being 1021.

As a rule, the density of morning urine is less than that passed in the afternoon after digestion.—Dr. Hassall in *London Lancet*, January 2d, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 25th.—*Compound Fracture and Dislocation of the Astragalus.* Case reported by Dr. GAY.

The patient was a man aged 30. Six weeks ago, he fell from his wagon, in consequence of the slipping of his seat. He did not know how he struck. He was unable to rise, and complained of great pain in the right foot and ankle. He was carried home, where Dr. Gay soon after saw him. There was at this time pain and swelling about ankle, the foot was bent forcibly inward, as in varus, the toes pointing downward. On pressure, slight crepitus was felt about the lower extremity of the tibia, and the internal malleolus proved to be broken. In front, on the dorsum of the foot, there was a depression. The outside of the foot was more swollen, so as to render the examination somewhat difficult. Near the extremity of the external malleolus was an opening about the size of a pea, from which blood issued. The fibula was traced throughout its whole extent, and found to be uninjured. Below the external malleolus, and even external to it, was a hard, firm swelling, which was evidently of bone. A smooth surface, as if an articulating one, could be felt, and also a sharp irregularly rough one, as if from a fracture. On further examination, it was fully made out to be a fractured portion of bone ; and as the whole of the tibia and fibula could be sufficiently traced, and as a cavity could be felt in front of the lower anterior extremity of the tibia, it was concluded to be a portion of the astragalus. There was more flexion and extension of the foot than could have been expected. Efforts were made to replace the fractured portion, but without changing it in the least. It was then decided, as the integuments were stretched and thin, to operate for its removal.

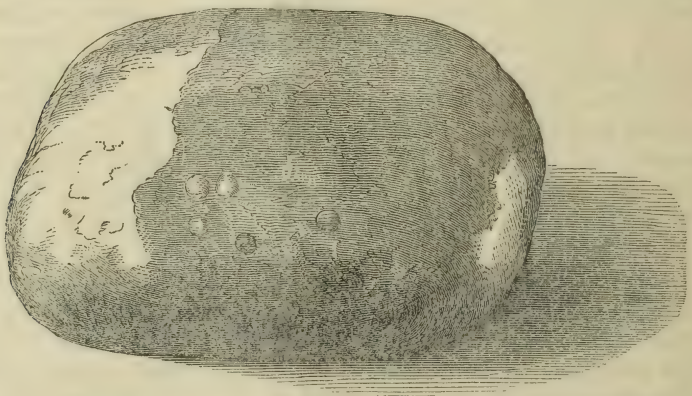
An incision was accordingly made over the sharp edge of the fractured portion, and after some difficulty it was removed. The fracture was vertical, and the fragment consisted of about two thirds of the body of the astragalus ; comprising the whole of the surface articulating with the fibula, two thirds of that articulating with the tibia, and nearly the whole of that articulating with the os calcis—being in size about one inch in every direction. It was thrown outward and forward, with its internal edge turned upward.

The patient took opiates at night, and continued comfortable for several days. A week after, erysipelas attacked the dorsum of the foot ; the day following, there was much pain. The disease extended to the external malleolus, the ankle being swollen at this point to the size of a hen's egg An opening was made, which was followed by a discharge of pus. At no time was the pulse above 100. A fortnight later, erysipelas again made its appearance on the outer side of the leg ; matter was formed, which discharged itself through the wound. Since this time the patient has gained ; his appetite is good, tongue clean and bowels regular. No necrosed bone has been felt. Dr. Gay was of the opinion that as a portion of the articulating surface remained, a degree of motion of the joint would be preserved.

JAN. 25th.—*Vesical Calculus.* Case reported by Dr. H. J. BIGELOW.

The patient, J. J. B., æt. 26, merchant, single, entered the Hospi-

tal November 5th, 1857. He was from the town of Waldoboro', in Maine. He had had unequivocal symptoms of stone for three years. On the 14th of November, having been etherized, the lateral operation was performed by Dr. Bigelow, and a calculus of large size extracted, being in form a flattened ovoid, and measuring, in length, two and three quarter inches; in breadth, two and one eighth inches; and in thickness, one and three quarter inches; these measurements being pretty nearly preserved in the accompanying cut. The weight was four ounces and two scruples. The patient, who was very much emaciated at the time of the operation, gained, in six weeks, twenty-five pounds, and was discharged well January 4th, 1858.



The following is the analysis of the calculus, as given by Dr. Bacon. "The powder obtained in sawing the calculus was found to consist of phosphate of lime, with considerable triple phosphate, and small proportions of carbonate of lime, oxalate of lime and animal matter. Portions of the darker-colored central layers, and of the thin reddish crust which partially covers the exterior, were separately analyzed with the same result."

The two following cases of vesical calculus were reported to the Society at the first meeting in May last. The first case was reported by Dr. Cabot. The patient, W. J. S., aged three years and ten months, entered the Hospital May 9th. Born in New York, his parents removed to Boston when he was three months old, where he had since resided. Pain and difficulty in micturition were first noticed more than a year before. These symptoms had gradually increased. The patient was etherized, and the bi-lateral operation performed by Dr. Cabot. The calculus measured three inches in its long circumference, about an inch and a half in its short circumference, and resembled an elongated sea-pebble, with rounded ends, its surface being quite smooth.

Dr. Bacon furnished the following analysis. "The powder from a section of the calculus is composed chiefly of urate of ammonia, with triple phosphate and phosphate of lime."

The second case was reported by Dr. Hodges, who also showed the specimen.

A. L., 6½ years old, having always resided in Boston and drunk Cochituate water, had had symptoms of stone for four years. Dr. H. performed the lateral operation, April 20th, 1857. The operation was

followed by no symptoms worthy of note. The urine did not pass wholly through the urethra until the 9th of May, at which time the wound was fairly cicatrized. On the 26th, without assignable cause, the wound opened, and urine began to pass through a fistulous orifice, which, by report, was preceded by a little boil. There was no surrounding inflammation. Although the urine passed freely by the urethra, and only by drops through the fistula, it was not until June 9th that this was obliterated by repeated applications of nitrate of silver. The stone was oval and flattened, and was covered, externally, with brilliant crystals of oxalate of lime. Its nucleus was oxalate of lime, and between this and the superficial deposit of the same, the calculus consisted of triple phosphate. Its weight was eighty-two grains.

The following is the result of Dr. Bacon's analysis. Dr. B. stated that the powder removed in sawing the calculus, and a few crystals from the outside, were used for analysis. The constituents are—oxalate of lime, phosphate of lime, triple phosphate and carbonate of lime; with small proportions of urate of ammonia, urate of soda and uric acid. Comparing the analysis with the appearance of the section, it is evident that the nucleus and several surrounding layers consist of oxalate of lime chiefly. The outer layers are mostly composed of earthy phosphates. Small crystals of oxalate of lime cover the exterior. This deposition of oxalate of lime upon earthy phosphates is an interesting point in the structure of the calculus.

[It will be noticed that, in the two latter cases, the patients were residents of Boston.—Sec'y.]

Jan. 25th.—*Asphyxia from Imperfect Combustion of Gas.* Dr. Gay reported the case, which was referred to a special committee for investigation. Their report may be found in the Journal of this week.

Bibliographical Notices.

A Manual of Medical Diagnosis: being an Analysis of the Signs and Symptoms of Disease. By A. W. Barclay, M.D., Cantab. et Edin., F.R.C.P., &c. &c. Philadelphia: Blanchard & Lea. 1858. Pp. 423.

A book professedly for students, but after a somewhat careful perusal we are quite ready to admit that it is well worthy of a place in every medical library. It is well arranged for quick reference, and meets a want sometimes expressed, doubtless more often experienced, by active practitioners. To some it may be open to the charge of want of originality, but to our apprehension this very quality enhances its value, for it combines not only the personal experience of its author, but gives a compilation from a large range of authorities upon doubtful points and symptoms. A dictionary might as well be accused of plagiarism.

The common error of considering certain symptoms as absolutely pathognomonic of particular diseases, is well touched upon in the introduction, and the bearing of this tendency, since the days of Laennec, is well illustrated in the history of certain signs developed by auscultation and percussion. Who is there that followed the service of Louis, Rayer or Andral ten or fifteen years ago, who has not long since discovered from experience that certain symptoms, supposed at

that time to be pathognomonic, are only more or less probable, not absolutely certain guides.

With all our liking for the book, there are several statements which we should like to notice in a critical way, but this would require more space than our bibliographical department affords; we therefore allude here to one only, *i. e.*, on page 72, upon the differential diagnosis of gout, or rheumatic gout and rheumatism, it is stated that "an attack of gout is usually ushered in by dyspeptic symptoms and feelings of discomfort—*this is not generally the case with rheumatism;*" and on page 73, that unlike gout, the patient after rheumatic fever "is not very much more liable to a second attack than his neighbors." Both of these statements we believe to be incorrect; such a prognosis as is contained in the last citation would be highly satisfactory to many who, like the subscriber, have suffered *repeatedly* from rheumatic fever in its most acute form, and who, moreover, can generally foretell the coming storm by the "dyspeptic symptoms and feelings of discomfort" which herald its approach.

The whole book is worthy of elaborate notice, but from its very nature this would be as it were a review of a review, for which we have neither time nor inclination. In the hope that this imperfect notice will be the means of calling farther attention to it, we leave it, repeating our belief that, as a book of reference, it will prove to be more convenient and practical than the well-known compendium of Marshall Hall. G. H. L.

Diseases of the Teeth: A Paper read before the Cook Co. Medical Society at Chicago, &c. &c. By W. W. Allport, Dentist. Chicago: 1858. Barnet & Clarke.

This paper is written in a good spirit and contains many plain truths which ought to be widely known and acted upon. We believe, indeed, that although they are all familiar to the majority of mankind in civilized districts, they are very far from producing that care in the preservation of the teeth which they should. Dr. Allport writes like an honest man, willing to declare the prophylactic part of his occupation, and not eager, as too many are, to trumpet any excellence he possesses as a manipulator. We have the authority of one of the leading dentists of this city, however, for saying that Dr. A. is not only a fine operator, but a courteous and intelligent man.

That the diseases of the teeth deserve all the attention which the writer of this pamphlet bespeaks for them, we fully believe: and it seems to us that the fact has long been acknowledged by physicians—at all events in this part of our country. The author seems to think it still greatly neglected, and has given one or two cases which certainly go far to prove his assertions. We wonder how instances in which "mouthfuls" of teeth required extraction, and had induced disease of an obstinate character, could have been passed over by any competent physician, without buccal inspection, or at least without seeing the importance of removing the offending cause. Such, however, are reported in this pamphlet, and perhaps many may be everywhere as carelessly managed; the neglect is indeed a gross one.

Dr. Allport thinks that cutting the gums during the first dentition, "might, with propriety, be performed" by dentists. Certainly; such a thing would be proper enough, but it will hardly happen. Mothers are very apt to prefer their family physician at such times, and we

confess we so no reason why a stranger should be introduced upon so trifling an occasion. We do not, either, subscribe to the assertion that no one can so well impress the necessity of care for their children's teeth on the parent's mind, as the dentist (p. 4). We think others may do it quite as well, and many better than *some* dentists—we dare say our author could do it most effectively. Doubtless the duty is too often forgotten by the attending physician ; it should never be.

After reverting to certain of the former theories of decay in the teeth, Dr. Allport gives the results of certain experiments he has made by immersing them in various acids. The action of *acids*, either taken as medicines or formed in the stomach, is believed to be the great destroying influence. The many chances that medicinal acids may reach the teeth, even though a glass tube be directed to be used, is adverted to by the writer ; and he very properly suggests the necessity for rinsing, brushing, and thoroughly cleansing the mouth and teeth after such doses, even where the tube has been faithfully employed. We may say that such are always our own directions, and we have been in the habit of supposing them nearly universal.

A case is given by the author where a young lady had constitutionally very sound teeth ; certain cavities were filled, and stood the test of time and wear wonderfully, until a fit of illness supervened, after which they were found irrecoverably lost from decay. This was within a year from the time she was first seen. "Upon asking her," says Dr. A., "what medicines she had taken, she said she did not know, but that one kind was something *sour*, taken through a glass tube. You will agree with me that it was a very sad experience of acids taken through a tube." The "experience" was sad, to be sure, but we think it by no means certain that all the mischief was owing to the medicine taken through the tube. Is nothing to be ascribed, in such cases, to the illness itself, and its action on the teeth as well as on other organs ? We hope the acid was not carelessly given, because it was here at "the East" that the victim was taken ill and was treated !

The writer notices, with the contempt it deserves, the vulgar notion that calomel, properly given, destroys the teeth. He quotes, appositely, the adage "Put a *lie* on horseback, and all the honest men in the world cannot chase it down" ; and he admits that some of his brethren "have been foolish enough to pander to this popular prejudice." Such pandering, whether by dentists, physicians, or clergymen—and we have known some of each class guilty of it—is worse than foolish, it is wicked.

Great cleanliness in regard to the teeth is rightly inculcated, and many of the evils arising from neglect thereof detailed. The bad results of allowing decayed teeth to remain unfilled or unextracted are also proved.

We could have wished a little more accuracy occasionally in the mode of expression—but the matter is, in the main, so good, that the dress is of less consequence ; and, indeed, except in a few instances, the style is clear, forcible and free from vulgarisms. We are told, to be sure, in one place, that a patient announced to Dr. A. that she had "doctored" a great deal. This expression always sets *our* teeth on edge. It is true the *patient* is stated to have said this, but the writer forgot to quote it, and we credit him with it accordingly.

We have devoted much more space than we are wont to allow to a

pamphlet of only nineteen pages; but our reason is, that we believe the subject one of great importance to the health and comfort of the community. By early, continued and thorough care of the teeth, not only will they be long preserved healthy, but the well-known, although indescribable tortures endured in those high-backed, well-stuffed, pulley-wheel-and-axle moving chairs, occupied so constantly by the sufferers from diseased teeth, will be long ignored or perhaps never experienced. Many of those shining pieces of coin or pliant brown notes, *so well earned* by the good dentist, will then remain in the purses or pockets of their sad disbursers.

Transactions of the Illinois State Medical Society for the year 1857. Chicago: 1857. 8vo. pp. 128.

This pamphlet contains several papers of interest, being chiefly composed of reports made in answer to a series of queries addressed to members of the Society by the Committee on Practical Medicine. These reports relate chiefly to the various fevers endemic in the State, particularly intermittent, remittent and typhoid fevers, and also croup. The chairman, Dr. C. N. Andrews, of Rockford, quotes a number of cases of the latter disease, as having occurred under his own observation, which illustrate the various forms and complications of the malady. One of them is remarkable for the circumstances attending and following the operation of tracheotomy. A little girl of five years presented all the signs of membranous croup. It was decided to operate, but, before the preparation could be made, the child was *in articulo mortis*. When the incision was made into the trachea, she had ceased to breathe, there was no pulsation of the heart, and she was apparently dead. Dr. Andrews inflated the lungs with a female catheter. At the end of about twelve minutes the pulsation of the heart returned; in thirty minutes there was an effort at voluntary respiration, which soon became established. The inflation was then suspended, but had to be renewed at intervals. The patient revived, ate and drank, and played with her toys. In this way she lived for about twenty-three hours. The canula occasionally became obstructed by false membrane, and the inflation had to be repeated at intervals. She finally became comatose and died.

Dr. N. S. Davis, of Chicago, has contributed an elaborate paper on "the Changes which take place in the Blood in the continued Forms of Fever," founded on a series of experimental observations. He concludes that in typhoid fever the average relative proportion of the different constituents or proximate elements is very nearly normal, the red corpuscles being in excess in those cases which are accompanied by abundant watery intestinal discharges, and *vice versa*. The alterations in *quality*, however, are striking and uniform; the blood was of a darker color than normal, "the fibrine coagulated very slowly, contracted but little, and the fibrils formed by the coagulation possessed less tenacity than in healthy blood; while the red corpuscles, viewed under the microscope, appear less bi-concave, less uniform in size, and exhibit less attraction or affinity for each other; and the white corpuscles appeared to be very deficient in number." In the blood from patients with simple intermittent and remittent fevers, the qualities or properties of the several constituents of the blood appeared normal, but the red corpuscles exhibited a deficiency in proportion to the duration of the disease; the white corpuscles were also deficient, the al-

bumen and fibrin were only slightly below the normal proportion, and the water was relatively in excess.

Pott's Disease; or Angular Curvature of the Spine. Cases successfully treated by J. A. Wood, M.D. (From the *N. York Journal of Medicine.*) New York: 8vo. pp. 7.

Two cases of angular curvature of the spine treated by the application of "a spinal apparatus of recent invention, constructed and applied upon a *new* principle." The relief in both cases was marked and immediate, and a complete cure was obtained. Galvanism, cod-liver oil and other adjuvants were also employed. The first patient is a son of Dr. Lyman Bartlett, of New Bedford, whose letter, appended to the cases, is a sufficient guarantee, if any were needed, of the truth of the facts. One thing surprised us in reading this pamphlet;—we are not informed what this *new* principle is. We presume this to be an oversight; we cannot presume that Dr. Wood intends to make a *secret* of his mode of treatment.

Mesmerism, Spiritualism, Witchcraft and Miracle; a brief Treatise, showing that Mesmerism is a Key which will unlock many Chambers of Mystery. By Allen Putnam. Boston: 1858. 8vo. pp. 74.

We have carefully read this treatise, which is much better written than most works of its class, but we cannot discover that it throws any new light upon the so-called subject of spiritualism.

Report of the Trustees and Superintendent of the Butler Hospital for the Insane. Providence: 1858.

This excellent institution maintains its position as one of the best managed hospitals for the treatment of mental diseases in our country. The average number of patients for the past year was 139. A new warming and ventilating apparatus has been introduced, and thoroughly tested during the severe winter of 1856–7, with a very satisfactory result. Air, heated by contact with hot-water pipes, is forced through the building by a fan driven by a steam engine. This plan seems to have been generally found successful in large establishments of this kind, and will no doubt be adopted in most new hospitals. The Superintendent urges the importance of several improvements in the building, particularly the employment of gas, instead of oil lamps. The Hospital is a private corporation, and money must be raised for this purpose; but considering its great importance, we can hardly think the necessary funds can be long in forth-coming.

Fifth Annual Report of the Surgeons of the New York Ophthalmic Hospital. New York: 1858.

This institution treats gratuitously about twelve hundred patients annually. Lectures are given every Wednesday during the winter, by Dr. Mark Stephenson, on ophthalmic medicine and surgery, and there is a clinique three times a week by Drs. Stephenson and Garrish. The Report contains an address to the class, by Dr. Stephenson, in which the professions of law and medicine are contrasted in respect to the schools of instruction, the curriculum of studies, and the amount of gratuitous services rendered by the members of the different professions to the public. The comparison is by no means complimentary to the Law.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 18, 1858.

DERELICTION OF QUONDAM APOTHECARIES; QUESTIONABLE ADVERTISEMENTS.

We cannot but deeply regret that in certain instances those who have for many years held very acceptably the responsible and lucrative posts of druggists and apothecaries—who have even accumulated large sums of money in a business for a large portion of which they were indebted to the medical profession—should subsequently, for the sake of quicker or greater gains, take up the sale of totally empirical preparations, or else, having at first announced some compound of their own, and made known its ingredients in apparent good faith, a few months later advertise it disreputably themselves or permit others to do so, and thus open another door to abortion-procurers and the rest of the graceless harpies who prey upon the public health and morals.

It is the unrighteous greed of gain which is at the bottom of this; it is on a par with that disgraceful spirit which constantly leads the managers of daily journals, and, as we have shown, the *religious* papers no less than others, to afford unbounded facilities to this horde of poisonous pirates, through the medium of their venial columns.

In the case of druggists, who thus turn a traitorous hand against those who in nearly every instance have brought them their first success—yes, even fed and clothed them, and enabled them finally to fill their purses comfortably, the conduct we have alluded to smacks decidedly of the spirit of the viper who stung his preserver. Moreover, why should those who are doing a good and adequate business legitimately, recklessly injure the community and favor quackery by their unwise haste to be rich? We should think that such gains would burn the fingers quite as soon as many others popularly esteemed more iniquitous.

Recurring once more to the pestilential advertisements which are permitted to defile our newspapers, we are glad to be able to point to two foreign journals distinguished for the high stand they have taken in this matter, no less than for their influence otherwise. One is the London *Times*, the other the London *Lancet*. The former is almost if not entirely alone amongst the newspapers in repudiating the vile advertisements and notices to which we refer; and the latter is nearly so in giving battle to it from the medical stand-point. Take a few paragraphs from the *Lancet* of January 23d, 1858:—

"'Virtue,' says Lord Bacon, 'is like precious gums, most fragrant when incensed or crushed.' It is far otherwise with vice, and hence the task of crushing it is never an agreeable operation. Like the opening of a foul cesspool, it is a necessary but not a pleasant labor. The exposure of the beastly charlatans who, as museum showmen, or filthy tract writers, are prominent agents of demoralization in this metropolis, has been no savory task to us. We have undertaken it as a duty, and have only to regret that the fight has been almost single-handed.

"Some powerful allies we have found. We have had the tacit support of the *Times*. This Journal, so highly placed, and so careful of the uses of its power, excludes from its columns the indecent puffs of a host of quacks. *Punch* has said many a true and bitter thing to make the faces of these men shrink and grin

like Dead-sea apes. But we have had the aid of only a small part of the press. Daily, in the houses of clergymen, under the eyes of women, of young girls, and of silly lads, are spread out the falsest and most elaborately indecent statements on the most delicate of medical questions; flaunting beneath the public eye in all the honors of large print and conspicuous position. Surely it is not consistent with the duty which a journalist owes to the society by which he prospers, to insert such miserable stuff, even as advertisements. We have a deeply-founded faith in the sense of moral responsibility, and in the honor, of the journalists of the country: we believe that when once this part of their public duty has been fairly pointed out to them it will not be neglected. Meantime we would earnestly call upon all those who have thus far gone with us, to enforce upon the press the duty of completely and universally ostracising these pseudo-medical vultures, and rejecting the advertisements which are the lures for their victims."

We are glad to perceive that our strictures upon the admission of objectionable advertisements into professedly religious journals, have met with the unqualified approbation of our brethren of the medical press; and we have had abundant testimony, oral and written, from *clergymen* as well as laymen, to the truth of all our assertions and comments.

As for the subject with which we began this article, it is a disagreeable one, from the unpleasant view it gives of poor human nature; and if any of those who are obnoxious to the charges we have made, have ever been high-minded and honorable men, we should think they must occasionally have some qualms of conscience. Possibly, however, we may be mistaken; for, like another sin of which a famous poet has written, this one "hardens a' within, and takes away the feeling."

MEDICAL COMMENCEMENT EXERCISES.

The exercises at the Medical College in Grove Street, Boston, were well attended on Wednesday, the 10th inst., and were unusually interesting and successful. The portions of the theses which were read by graduates, gave the impression of thorough examination of the subjects discussed, and in one or two instances of no little familiarity with practical points in pathology and therapeutics. Sixteen gentlemen received the degree of Doctor in Medicine; their names are given in to-day's Journal. The class, we understand, has done credit to the Institution, and will doubtless reap the advantages of faithful attention to study.

The Valedictory Address, by Prof. Holmes, was, in composition and delivery, what might have been expected from him. Those who did not hear it will be eager to read it; but they must submit to the great loss of the speaker's vivacious and peculiarly spirited tone and manner, which add so much to the effect of his words. We hope soon to have an opportunity of noticing the Address more fully.

DR. REESE AND DR. McCLINTOCK.

A very animated discussion took place at a meeting of the New York Academy of Medicine, March 3d, in consequence of a letter which was read by the Secretary, from a Committee of the Philadelphia County Medical Society, and signed by Drs. La Roche, Kennedy and Jewel, of Philadelphia, complaining of the conduct of Dr. Reese in recommending Dr. McClintock to the Chief Residency of Blockley Hospital. The following resolution, offered by Dr. Detmold, was adopted by the Academy: "*Resolved*, That this Academy learns with

deep regret that a Fellow has recommended to a position of high respectability a man who has forfeited his rank in the profession, and that the Secretary be instructed to communicate this resolution to the Committee of the Philadelphia County Medical Society."

BELLADONNA IN NOCTURNAL INCONTINENCE OF URINE.

It is well known that Professor Trousseau, of Paris, has great faith in the use of belladonna as a means of curing that most troublesome habit, for it can hardly be called a disease, nocturnal incontinence of urine in children. We believe we are correct in saying that many who have tried the remedy, in accordance with the recommendation of the eminent French physician, have been disappointed in the results; the complaint, though apparently checked for a time, soon returns in many instances, with all its obstinacy, and both patient and physician, wearied with the close attention which the treatment demands, are disposed to abandon the disease to nature, which fortunately in the majority of cases effects a cure, after a longer or shorter lapse of time.

An article which appeared in the *Gazette des Hopitaux* last October, describing M. Trousseau's method of treatment, lays so much stress upon the length of time during which the belladonna must be given, that we are inclined to think the remedy has often failed through want of perseverance on the part of the parents of the child, or of the medical attendant. A case is related in the *Gazette* which illustrates well the length of time the belladonna ought to be employed. The patient (who was a girl of 19 years) began to have nocturnal incontinence of urine at the age of 8 years, and since that time had been in the habit of wetting the bed once, always, and generally twice, in the course of the night. On her entrance into the hospital, one fifth of a grain of the extract of belladonna was given her every night. This quantity was soon after successively increased to two fifths, three fifths, four fifths of a grain, and to one grain. There was an immediate improvement in the symptoms. The involuntary discharge occurred only every second or third night, and only once in the night. Sometimes she was free from the trouble for four successive nights, and then urinated once each night for two, four or six nights together. The dose was gradually increased up to two grains, when the patient passed twenty-two days without a trace of incontinence, but it began again, with intervals of from one to ten days. A further increase, to three grains of the extract, was then ordered, and from this time the affection ceased entirely. M. Trousseau, however, continued to augment the dose slightly, with the intention of persisting in the remedy, without farther increase, for three, four or even five months, after the symptoms had entirely disappeared, and then to diminish the dose very gradually, until it should be finally suspended. In many cases he does not stop the belladonna until a year has elapsed after the incontinence has ceased.

So annoying is this affection, that we are glad to be able to give the above details of M. Trousseau's treatment, recommending to any one, who may have an obstinate case, to follow it. It requires only perseverance for its observance, and can do no harm if it does no good.

YEAST IN SCARLET FEVER.

Messrs. Editors,—Some years ago my attention was directed to the use of yeast in scarlet fever, by an article in your Journal from the

pen of Dr. Smith, of Baltimore. I have given it this last winter in fifty-three cases, and all have recovered. These were all the cases in my practice. Together with the yeast, inunction has been employed in two thirds of them.

I believe that the free use of yeast may prevent a bad type of the disease. It was given, at the outset, every two or three hours, in doses from a teaspoonful to a tablespoonful, and continued until desquamation. Yours, truly, A. S. McClean.

Springfield, Mass., March 15th, 1858.

MASSACHUSETTS MEDICAL COLLEGE.

The following is a list of the gentlemen who received their medical degrees on the 10th inst., with the subjects of their dissertations.

Hermogene Sextus Balcom,	*Observations on the Reciprocal Influences of Body and Mind.*
Charles Henry Barrett,	*Natural Labor.*
David William Cheever,	*Syphilis.*
John Samuel Cushing,	*Amputation.*
Samuel William Fletcher,	*Delirium Tremens.*
Thomas Hill Gibby,	*Typhoid Fever.*
John McLean Hayward.	*Phthisis.*
John Willson Hutchins,	*Phthisis.*
Josiah Edgar Jones,	*Pneumonia.*
Franklin Bryant Kimball,	*Outgrowths.*
John Henry Kinsman,	*The Urine.*
Richard Baxter Skinner.	*Typhoid Fever.*
John Benjamin Springall,	*Scarlet Fever.*
George Washington Towar, Jr.,	*Intermittent Fever.*
George Latham Underwood,	*Pneumonia.*
Peter Duggan Walch,	*Pulmonary Emphysema.*

Boston, March 12th, 1858. D. Humphreys Storer,
Dean of the Medical Faculty.

The New Sydenham Society.—We observe in the British medical journals a notice of the re-construction of the Sydenham Society, under the Presidency of Dr. C. J. B. Williams. We cordially wish the new organization success, and again advise our readers to avail themselves of its advantages by becoming subscribers.

Health of the City.—Among the 72 deaths of the last week, 40 were of children under 5 years of age. There were 6 deaths from croup, 5 from measles and 7 from scarlatina. The total number for the corresponding week of 1857 was 64, of which 15 were from consumption, 8 from scarlatina, 2 from croup and 8 from measles.

Communications Received.—Case of Malignant Growths within the Thorax.—Record of Obstetrical Cases.—Case of Anasarca and Ascites in Tubercular Consumption.

Books and Pamphlets Received.—Fifteenth Annual Report of Births, Marriages and Deaths in the Commonwealth of Massachusetts.—Twenty-third Annual Report of the Trustees of the State Lunatic Hospital at Worcester.—Fourth Annual Report of the Trustees of the State Lunatic Hospital at Taunton.—Reports of the Inspectors of State Almshouses at Bridgewater, Tewksbury and Monson, and other public documents.—Annual Announcement of Lectures in the University of New York.

Deaths in Boston for the week ending Saturday noon, March 13th, 72. Males, 36—Females, 36.—Apoplexy, 1—inflammation of the bowels, 1—cancer (in the breast), 1—consumption, 12—convulsions, 4—croup, 6—dysentery, 1—diarrhœa, 1—dropsy, 4—dropsy in the head, 5—infantile diseases, 1—puerperal diseases, 2—intermittent fever, 1—scarlet fever, 7—disease of the heart, 2—inflammation of the lungs, 4—marasmus, 5—measles, 5—palsy, 1—pleurisy, 1—scrofula, 1—smallpox, 1—teething, 1—thrush, 1—unknown, 1—whooping cough, 2.

Under 5 years, 40—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 2. Born in the United States, 56—Ireland, 8—other places, 8.

New York University Medical College.—The annual Commencement of the Medical Department of the New York University took place on Wednesday evening, 10th inst., in the large chapel of the University. One hundred and twenty-seven gentlemen received diplomas. Of these, whose names and residences are published in the Annual Announcement, N. York State furnished 20; North Carolina, 17; Georgia, 10; South Carolina, 11; Alabama, 6; Virginia, 15; Mississippi, 3; New Jersey, 6; and the New England States, 11. The address to the graduates was delivered by Prof. Gunning S. Bedford.

The Aylett Medical Institute, connected with this College, held its twelfth annual Commencement the evening previous, and 38 of the 127 graduates abovementioned received diplomas. Dr. Aylett was presented with an elegant tea-set, and delivered an appropriate address.

New Jersey State Lunatic Asylum.—This Institution is located at Trenton, and is under the superintendence of Dr. H. A. Buttolph. The last Annual Report shows that 429 patients were under treatment during the last year. At the beginning of the year there were 263, and at its close, 279. During the year there were discharged, recovered, 56; improved, 67; unimproved, 2; escaped, 1; died, 24. A new building for a laundry, drying-room, &c., with improved machinery, was erected during the year, and other improvements for the comfort and health of the inmates were made. Dr. B. has added to the Report some excellent general remarks on the nature, causes, means of preventing and principles of treating insanity. Dr. H. F. Carriel is assistant physician to the institution. The whole number of cases received into the Asylum since it was opened in May, 1848, is 1230.

Study of Obstetrics at the University of Prague.—A letter is published in the March number of the *Cincinnati Lancet and Observer*, from Dr. A. Strothotte, of Cincinnati, to his friend Dr. Dodge, of the same place, dated at Prague in September last. It represents the advantages for the study of obstetrics in the Bohemian capital as very great—the number of deliveries at the Lying-in Hospital being more than 3000 annually. Professor Seiffert conducts the clinics, which are attended by about thirty students, each of whom has an opportunity for manual examination of patients in labor. The clinic lasts from 7 to 9 every morning. There are private apartments which are not open to the students, but visited only by the professor or his assistants. A portion of the students are allowed to remain in the Hospital through the night, with the privilege of being called by the midwife to attend upon cases as they occur. The institution is supported by government. Every woman about to be confined, can gain admission; but if she is poor, the town or village where she belongs is obliged to pay a daily tax to the Hospital, of about twenty cents. If able to pay, or if she has a "paying lover," better accommodations are furnished her, and she is not subjected to the exposure which is required of the others "for the benefit of science." The inmates are represented as having mostly been betrayed into their miserable condition, and not having taken up with prostitution as a trade; respectable families, it is added, do not refuse their services as house-maids, if otherwise well qualified. Suitable provision is made for the children left by their mothers at the Asylum.

New York College of Physicians and Surgeons.—The Commencement took place Thursday evening, 11th inst. The President, Dr. Thomas Cock, presided, and conferred the degree of M.D. upon 53 candidates with a few appropriate remarks. Dr. Chandler R. Gilman delivered the farewell address to the Graduates. It was listened to with deep interest.—*N. York Times.*

South-Western New York Medical Society.—The winter session of this Society was held on the 3d and 4th February, in the village of Jamestown, Chautauque Co., and was numerously attended. A large amount of business was transacted, many interesting cases were presented, and several essays were read. The address was delivered by Dr. O. C. Gibbs, of Frewsburgh. After the conclusion of the session, the members of the Society, with their wives and invited guests, partook of a social dinner, which passed off in the happiest manner. Many excellent speeches are reported in the *Jamestown Journal*, which gives a full notice of the occasion; among them we would particularly notice the remarks of the President, Dr. Hazeltine, of Dr. Gibbs and of Dr. Wm. Smith. The next meeting of the Society will be held in Westfield, on the first Wednesday and Thursday of May next.

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VALEDICTORY ADDRESS.

[Delivered March 10th, 1858, to the Medical Graduates of Harvard University, and communicated to the Boston Medical and Surgical Journal.

BY OLIVER WENDELL HOLMES, M.D.

GENTLEMEN OF THE GRADUATING CLASS,—It is my grateful duty to address you a few words in the name of the Medical Faculty, under the auspices of which you have just entered the Medical Profession. In their name I welcome you to the labors, the obligations, the honors and the rewards which, if you are faithful, you may look for in your chosen calling. In their name I offer you the hand of fellowship, and call you henceforth brothers. These elder brethren of the same great family repeat to you the words of welcome. The wide community of practitioners receives you in full communion from this moment. You are enrolled hereafter on that long list of the Healers of men, which stretches back unbroken to the days of Heroes and Demigods, until its earliest traditions blend with the story of the brightest of the ancient Divinities.

Once *Medicinæ Doctor*, always *Doctor Medicinæ*. You can unfrock a clergyman and unwed a husband, but you can never put off the title you have just won. Trusting that you will always cling to it, as it will cling to you, I shall venture to offer a few hints which you may find of use in your professional career.

The first counsel I would offer is this: Form a distinct PLAN for life, including duties to fulfil, virtues to practise, powers to develop, knowledge to attain, graces to acquire. Circumstances may change your plan, experience may show that it requires modification, but start with it as complete as if the performance were sure to be the exact copy of the programme. If you reject this first piece of advice, I am afraid nothing else I can say will be of service. Some weakness of mind or of moral purpose can alone account for your trusting to impulse and circumstances. Nothing else goes on well without a plan; neither a game of chess, nor a campaign, nor a manufacturing or commercial enterprise, and do you think that you can play this game of life, that you can fight this desperate battle, that you can organize this mighty enterprise, without

sitting down to count the cost and fix the principles of action by which you are to be governed?

It is not likely that any of you will deliberately lay down a course of action pointing to a low end, to be reached by ignoble means. But keep a few noble models before you. For faithful life-long study of science you will find no better example than John Hunter, never satisfied until he had the pericardium of Nature open and her heart throbbing naked in his hand. For calm, large, illuminated, philosophical intellect, hallowed by every exalted trait of character, you will look in vain for a more perfect pattern than Haller. But ask your seniors who is their living model, and if they all give you the same name, then ask them why he is thus honored, and their answers will go far toward furnishing the outline of that course I would hope you may lay down and follow.

Let us look, in the very brief space at our disposal, at some of those larger and lesser rules which might be supposed to enter as elements into the plan of a physician's life.

Duty draws the great circle which includes all else within it. Of your responsibility to the Head Physician of this vast planetary ambulance, or travelling hospital which we call Earth, I need say little. We reach the Creator chiefly through his creatures. Whoso gave the cup of cold water to the disciple gave it to the Master; whoso received that Master received the Infinite Father who sent him. If performed in the right spirit, there is no higher worship than the unpurchased service of the medical priesthood. The sick man's faltered blessing reaches heaven through the battered roof of his hovel before the Te Deum that reverberates in vast cathedrals.

Your duty as physicians involves the practice of every virtue and the shunning of every vice. But there are certain virtues and graces of preëminent necessity to the physician, and certain vices and minor faults against which he must be particularly guarded.

And first, of *truth*. Lying is the great temptation to which physicians are exposed. Clergymen are expected to tell such portions of truth as they think will be useful. Their danger is the *suppressio veri*, rather than direct falsehood. Lawyers stand in professional and technical relations to veracity. Thus, the clerk swears a witness to tell the truth, the whole truth and nothing but the truth. The lawyer is expected to get out of the witness not exactly the truth, but a portion of the truth, and nothing but the truth—which suits him. The fact that there are two lawyers pulling at the witness in different directions, makes it little better; the horses pulled different ways in that horrid old punishment of tearing men to pieces; so much the worse for the man. But this is an understood thing, and we do not hesitate to believe a lawyer—outside of the court-room.

The physician, however, is not provided with a special license to say the thing which is not. He is expected to know the truth,

and to be ready to tell it. Yet nothing is harder than for him always to do it. Whenever he makes an unnecessary visit, he tells a lie. Whenever he writes an unnecessary prescription, he tells a lie. It is audibly whispered that some of the "general practitioners," as they are called in England, who make their profit on the medicines they dispense, are apt to be too fond of giving those which can be charged at a pleasing figure in their accounts. It would be better if the patient were allowed a certain discount from his bill for every dose he took, just as children are compensated by their parents for swallowing hideous medicinal mixtures.

All false pretences whatsoever, acted or spoken; all superficial diagnoses, where the practitioner does not know that he knows, or, still worse, knows that he does not know; all unwarranted prognoses and promises of cure; all claiming for treatment that which may have been owing to Nature only; all shallow excuses for the results of bad practice, are lies and nothing else.

There is one safe rule which I will venture to lay down for your guide in every professional act, involving the immediate relation with the object of your care; so plain that it may be sneered at as a truism, but so difficult to follow that he who has never broken it deserves canonizing better than many saints in the calendar: *A physician's first duty is to his patient; his second only, to himself.*

All quackery reverses this principle as its fundamental axiom. Every practitioner who reverses it is a quack. A man who follows it may be ignorant, but his ignorance will sometimes be safer than a selfish man's knowledge.

You will find that this principle will not only keep you in the great highway of truth, but that if it is ever a question whether you must leave that broad path, it will serve you as a guide. A lie is a deadly poison. You have no right to give it in large or small doses, for any selfish purpose connected with your profession, any more than for other selfish objects. But as you administer arsenic or strychnia in certain cases, without blame; nay, as it may be your duty to give them to a patient; are there not also cases in which the moral poison of deceit is rightly employed for a patient's welfare? So many noble-hearted and conscientious persons have scruples about any infraction of the absolute rule of truth, that I am willing briefly to discuss and illustrate a question which will often be presented to you hereafter.

Truth in the abstract is perhaps made too much of as compared to certain other laws established by as high authority. If the Creator made the tree-toad so like the moss-covered bark to which it clings, and the larva of a *sphinx* so like the elm-leaf on which it lives, and that other larva so exquisitely like a broken twig, not only in color, but in the angle at which it stands from the branch to which it holds, with the obvious end of deceiving their natural enemies, are not these examples which man may follow? The Tibboo, when he sees his enemy in the distance, shrinks into a motionless heap, trust-

ing that he may be taken for a lump of black basalt, such as is frequently met with in his native desert. The Australian, following the same instinct, crouches in such form that he may be taken for one of the burnt stumps common in his forest region. Are they not right in deceiving, or lying, to save their lives? or would a Christian missionary forbid their saving them by such a trick? If an English lady were chased by a gang of murdering and worse than murdering Sepoys, would she not have a right to cheat their pursuit by covering herself with leaves, so as to be taken for a heap of them? If you were starving on a wreck, would you die of hunger rather than cheat a fish out of the water by an artificial bait? If a school-house were on fire, would you get the children quietly down stairs under any convenient pretence, or tell them the precise truth and so have a rush and a score or two of them crushed to death in five minutes?

These extreme cases test the question of the absolute inviolability of truth. It seems to me that no one virtue can be allowed to exclude all others, with which in this mortal state it may sometimes stand in opposition. Absolute justice must be tempered by mercy; absolute truth by the law of self-preservation, by the harmless deceits of courtesy, by the excursions of the imaginative faculty, by the exigencies of human frailty, which cannot always bear the truth in health, still more in disease.

Truth is the breath of life to human society. It is the food of the immortal spirit. Yet a single word of it may kill a man as suddenly as a drop of prussic acid. An old gentleman was sitting at table when the news that Napoleon had returned from Elba was told him. He started up, repeated a line from a French play, which may be thus Englished—

The fatal secret is at length revealed,

and fell senseless in apoplexy. You remember the story of the old man who expired on hearing that his sons were crowned at the Olympic games. A worthy inhabitant of a village in New Hampshire fell dead on hearing that he was chosen town clerk.

I think the physician may, in extreme cases, deal with truth as he does with food, for the sake of his patient's welfare or existence. He may partly or wholly withhold it, or, under certain circumstances, medicate it with the deadly poison of honest fraud. He must often look the cheerfulness he cannot feel, and encourage the hope he cannot confidently share. He must sometimes conceal and sometimes disguise a truth which it would be perilous or fatal to speak out.

I will tell you two stories to fix these remarks in your memory. When I was a boy, a grim old Doctor in a neighboring town was struck down and crushed by a loaded sledge. He got up, staggered a few paces, fell and died. He had been in attendance upon

an ancient lady, a connection of my own, who at that moment was lying in a most critical position. The news of the accident reached her, but not its fatal character. Presently the minister of the parish came in, and a brief conversation like this followed.—Is the Doctor badly hurt?—Yes, badly.—Does he suffer much?—He does not; he is easy.—And so the old gentlewoman blessed God and went off to sleep; to learn the whole story at a fitter and safer moment. I know the minister was a man of truth, and I think he showed himself in this instance a man of wisdom.

Of the great caution with which truth must often be handled, I cannot give you a better illustration than the following from my own experience. A young man, accompanied by his young wife, came from a distant place, and sent for me to see him at his hotel. He wanted his chest examined, he told me.—Did he wish to be informed of what I might discover?—He did.—I made the *ante-mortem* autopsy desired. Tubercles; cavities; disease in full blast; death waiting at the door. I did not say this, of course, but waited for his question.—Are there any tubercles? he asked presently.—Yes, there are.—There was silence for a brief space, and then, like Esau, he lifted up his voice and wept; he cried with a great and exceeding bitter cry, and then the twain, husband and wife, with loud ululation and passionate wringing of hands, shrieked in wild chorus like the *keeners* of an Irish funeral, and would not be soothed or comforted. The fool! He had brought a letter from his physician, warning me not to give an opinion to the patient himself, but to write it to him, the medical adviser, and this letter *the patient had kept back*, determined to have my opinion from my own lips, not doubting that it would be favorable. In six weeks he was dead, and I never questioned that his own folly and my telling him the naked truth killed him before his time.

If the physician, then, is ever authorized to tamper with truth, for the good of those whose lives are entrusted to him, you see how his moral sense may become endangered. Plain speaking, with plenty of discreet silence, is the rule; but read the story of the wife of Cæcinna Pætus, with her sick husband and dead child, in the letters of Pliny the Younger (Lib. III. XVI.), and that of good King David's faithful wife Michal, how she cheated Saul's cut-throats (1 Samuel, XIX. 13), before you proclaim that homicide is always better than *vericide*.

If you can avoid this most easily besetting sin of falsehood, to which your profession offers such peculiar temptations, and for which it affords such facilities, I can hardly fear that the closely related virtues which cling to truth, honesty and fidelity to those who trust you, will be wanting to your character.

That you must be temperate, so that you can be masters of your faculties at all times; that you must be pure, so that you shall pass the sacred barriers of the family circle, open to you as to none

other of all the outside world, without polluting its sanctuary by your presence, it is, I think, needless for me to urge.

Charity is the eminent virtue of the medical profession. Show me the garret or the cellar which its messengers do not penetrate; tell me of the pestilence which its heroes have not braved in their errands of mercy; name to me the young practitioner who is not ready to be the servant of servants in the cause of humanity, or the old one whose counsel is not ready for him in his perplexities, and I will expatiate upon the claims of a virtue which I am content to leave you to learn from those who have gone before you, and whose footprints you will find in the path to every haunt of stricken humanity.

But there are lesser virtues, with their corresponding failings, which will bear a few words of counsel.

First, then, of that honorable reserve with reference to the history of his patients, which should belong to every practitioner. No high-minded or even well-bred man can ever forget it; yet men who might be supposed both high-minded and well-bred have been known habitually to violate its sacred law. As a breach of trust, it demands the sternest sentence which can be pronounced on the offence of a faithless agent. As a mark of vanity and egotism, there is nothing more characteristic than to be always babbling about one's patients, and nothing brings a man an ampler return of contempt among his fellows. But as this kind of talk is often intended to prove a man's respectability by showing that he attends rich or great people, and as this implies that a medical man needs some contact of the kind to give him position, it breaks the next rule I shall give you, and must be stigmatized as *leze-majesty* toward the Divine Art of Healing.

This next rule I proclaim in no hesitating accents: *Respect your own profession!* If Sir Astley Cooper was ever called to let off the impure ichor from the bloated limbs of George the Fourth, it was the King that was honored by the visit, and not the Surgeon. If you do not feel as you cross the millionaire's threshold that your Art is nobler than his palace, the footman that lets you in is your fitting companion, and not his master. Respect your profession, and you will not chatter about your "patrons," thinking to gild yourselves by rubbing against wealth and splendor. Be a little proud—it will not hurt you; and remember that it depends on how the profession bears itself whether its members are the peers of the highest, or the barely tolerated operatives of society, like those Egyptian dissectors, hired to use their ignoble implements, and then chased from the house where they had exercised their craft, followed by curses and volleys of stones. The Father of your Art treated with a Monarch as his equal. But the Barber-Surgeon's Hall is still standing in London. You may hold yourselves fit for the palaces of princes, or you may creep back to the

Hall of the Barber-Surgeons, just as you like. Richard Wiseman, who believed that a rotten old king, with the *corona Veneris* encircling his forehead with its copper diadem, could cure scrofula by laying his finger on its subject,—Richard Wiseman, one of the lights of the profession in his time, spoke about giving his patients over to his "servants" to be dressed after an operation. We do not count the young physician or the medical student as of menial condition, though in the noble humility of science to which all things are clean, or of that "entire affection" which, as Spenser tells us, "hateth nicer hands," they stoop to offices which the white-gloved waiter would shrink from performing. It is not here, certainly, where John Brooks—not without urgent solicitation from lips which still retain their impassioned energy—was taken from his quiet country rides, to hold the helm of our Imperial State; not here, where Joseph Warren left the bedside of his patients to fall on the smoking breastwork of yonder summit, dragging with him, as he fell, the curtain that hung before the grandest drama ever acted on the stage of time—not *here* that the Healer of men is to be looked down upon from any pedestal of power or opulence!

If you respect your profession as you ought, you will respect all honorable practitioners in this honored calling. And respecting them and yourselves, you will beware of all degrading jealousies and despise every unfair art which may promise to raise you at the expense of a rival. How hard it is not to undervalue those who are hotly competing with us for the prizes of life! In every great crisis our instincts are apt suddenly to rise upon us, and in these exciting struggles we are liable to be seized by that passion which led the fiery race-horse, in the height of a desperate contest, to catch his rival with his teeth as he passed, and hold him back from the goal by which a few strides would have borne him. But for the condemnation of this sin I must turn you over to the tenth commandment, which, in its last general clause, unquestionably contains this special rule for physicians—*Thou shalt not covet thy neighbor's patients.*

You can hardly cultivate any sturdy root of virtue but it will bear the leaves and flowers of some natural grace or other. If you are always fair to your professional brethren, you will almost of necessity encourage those habits of courtesy in your intercourse with them which are the breathing organs and the blossoms of the virtue from which they spring.

And now let me add various suggestions relating to matters of conduct which I cannot but think may influence your course, and contribute to your success and happiness. I will state them more or less concisely as they seem to require, but I shall utter them magisterially, for the place in which I stand allows me to speak with a certain authority.

Avoid all *habits* that tend to make you unwilling to go whenever you are wanted at any time. No over-feeding or drinking or nar-

cotic must fasten a ball and chain to your ankle. *Semper paratus* is the only motto for a physician!

The necessity of *punctuality* is generally well understood by the profession in cities. In the country it is not unusual to observe a kind of testudinous torpor of motion, common to both man and beast, and which can hardly fail to reach the medical practitioner. Punctuality is so important, in consultations especially, to the patient as well as the practitioner, that nothing can excuse the want of it—not even having nothing to do—for the busiest people, as everybody knows, are the most punctual. There is another precept which I borrow from my wise friend and venerated instructor, the Emeritus Professor of Theory and Practice; and you may be very sure that he never laid down a rule he did not keep himself. Endeavor always to make your visit to a patient at the same regular time, when he expects you. You will save him a great deal of fretting, and occasionally prevent his sending for your rival when he has got tired of waiting for you.

Your conduct in the sick room, in conversation with the patient or his friends, is a matter of very great importance to their welfare and to your own reputation. You remember the ancient surgical precept—*Tuto, cito, jucunde.* I will venture to write a parallel precept under it, for the manner in which a medical practitioner shall operate with his tongue; a much more dangerous instrument than the scalpel or the bistoury. *Breviter, suaviter, caute.* Say not too much, speak it gently, and guard it cautiously. Always remember that words used before patients or their friends are like coppers given to children; you think little of them, but the children count them over and over, make all conceivable imaginary uses of them, and very likely change them into something or other which makes them sick, and causes you to be sent for to clean out the stomach you have so unwittingly filled with trash; a task not so easy as it was to give them the means of filling it.

The forming of a diagnosis, the utterance of a prognosis, and the laying down of a plan of treatment, all demand certain particular cautions. You must learn them by your mistakes, it may be feared, but there are a few hints which you may not be the worse for hearing.

Sooner or later, every body is tripped up in forming a diagnosis. I saw Velpeau tie one of the carotid arteries for a supposed aneurism, which was only a little harmless tumor, and kill his patient. Mr. Dease, of Dublin, was more fortunate in a case which he boldly declared an abscess, while others thought it an aneurism. He thrust a lancet into it and proved himself in the right. Soon after, he made a similar diagnosis. He thrust in his lancet as before, and out gushed the patient's blood and his life with it. The next morning Mr. Dease was found dead and floating in his own blood. He had divided the femoral artery. The same caution that the surgeon must exercise in his examination of external diseases, the physician

must carry into all his physical explorations. If the one can be cheated by an external swelling, the other may be deceived by an internal disease. Be very careful; be very slow; be very modest in the presence of Nature. One special caution let me add. If you are ever so accurate in your physical explorations, do not rely too much upon your results. Given fifty men with a certain fixed amount of organic disease, twenty may die, twenty may linger indefinitely, and ten may never know they have anything the matter with them. I think you will pardon my saying that I have known something of the arts of direct exploration, though I wrote a youthful Essay on them, which, of course, is liable to be considered a presumption to the contrary. I would not, therefore, undervalue them, but I will say that a diagnosis which maps out the physical condition ever so accurately, is, in a large proportion of cases, of less consequence than the opinion of a sensible man of experience, founded on the history of the disease, though he has never seen the patient.

And this leads me to speak of prognosis and its fallacies. I have doomed people, and seen others doom them, over and over again, on the strength of physical signs, and they have lived in the most contumacious and scientifically unjustifiable manner as long as they liked, and some of them are living still. I see two men in the street, very often, who were both as good as dead in the opinion of all who saw them in their extremity. People will insist on living, sometimes, though manifestly *moribund*. In Dr. Elder's life of Kane you will find a case of this sort, told by Dr. Kane himself. The captain of a ship was dying of scurvy, but the crew mutinied, and he gave up dying for the present to take care of them. An old lady in this city, *near her end*, got a little vexed about a proposed change in her will; made up her mind not to die just then; ordered a coach; was driven twenty miles to the house of a relative, and lived four years longer. Cotton Mather tells some good stories which he picked up in his experience, or out of his books, showing the *unstable equilibrium* of prognosis. Simon Stone was shot in nine places, and as he lay for dead the Indians made two hacks with a hatchet to cut his head off. He got well, however, and was a lusty fellow in Cotton Mather's time. Jabez Musgrove was shot with a bullet that went in at his ear and came out at his eye on the other side. A couple of bullets went through his body also. Jabez got well, however, and lived many years. *Per contra*, Colonel Rossiter, cracking a plum-stone with his teeth, broke a tooth and lost his life. We have seen physicians dying, like Spigelius, from a scratch; and a man who had had a crowbar shot through his head alive and well. These extreme cases are warnings. But you can never be too cautious in your prognosis, in the view of the great uncertainty of the course of any disease not long watched, and the many unexpected turns it may take.

I think I am not the first to utter the following caution :—

Beware how you take away *hope* from any human being. Nothing is clearer than that the merciful Creator intends to blind most people as they pass down into the dark valley. Without very good reasons, temporal or spiritual, we should not interfere with his kind arrangements. It is the height of cruelty and the extreme of impertinence to tell your patient he must die, except you are sure that he wishes to know it, or that there is some particular cause for his knowing it. I should be especially unwilling to tell a child that it could not recover; if the theologians think it necessary, let them take the responsibility. God leads it by the hand to the edge of the precipice in happy unconsciousness, and I would not open its eyes to what he wisely conceals.

Having settled the cautious course to be pursued in deciding what a disease is, and what its course is to be; having considered how much of your knowledge or belief is to be told, and to whom it is to be imparted, the whole question of treatment remains to be reduced to system.

It is not a pleasant thing to find that one has killed a patient by a slip of the pen. I am afraid our barbarous method of writing prescriptions in what is sometimes fancifully called Latin, and with the old astrological sign of Jupiter at the head of them to bring good luck, may have helped to swell the list of casualties. We understand why plants and minerals should have technical names, but I am much disposed to think that good plain English, written out at full length, is good enough for anybody's use. Why should I employ the language of Celsus? He commonly used none but his own. However, if we must use a dead language, and symbols that are not only dead, but damned, by all sound theology, let us be very careful in forming those medical quavers and semiquavers that stand for ounces and drachms, and all our other enlightened hieroglyphics. One other rule I may venture to give, forced upon me by my own experience. After writing a recipe, make it an invariable rule to read it over, not mechanically, but with all your faculties wide awake. One sometimes *writes* a prescription as if his hand were guided by a medium—automatically, as the hind legs of a water-beetle strike out in the water after they are separated from the rest of him. If all of you will follow the rule I have given, sooner or later some one among you will very probably find himself the author of a homicidal document, which but for this precaution might have carried out its intentions.

With regard to the exhibition of drugs as a part of your medical treatment, the golden rule is, *be sparing*. Many remedies you give would make a well person so ill that he would send for you at once if he had taken one of your doses accidentally. It is not quite fair to give such things to a sick man, unless it is clear that they will do more good than the very considerable harm you know they will cause. Be very gracious with children especially. I have seen old men shiver at the recollection of the rhubarb and

jalap of infancy. You may depend upon it that half the success of Homœopathy is due to the sweet peace it has brought into the nursery. Between the gurgling down of loathsome mixtures and the saccharine deliquescence of a minute globule, what tender mother could for a moment hesitate?

Let me add one other hint which I believe will approve itself on trial. After proper experience of the most approved forms of remedies, or of such as you shall yourselves select and combine, make out your own brief list of real every-day prescriptions, and do not fall into the habit of those extemporaneous, fancy-combinations, which amuse the physician more than they profit the patient. Once more: if you must give a medicine, do it in a manly way, and not in half doses, hacking but not chopping at the stem of the deadly fruited tree you would bring down. Remember this, too; that although remedies may often be combined advantageously, the difficulty of estimating the effects of a prescription is as the square of the number of its ingredients. The deeper you wade in polypharmacy, the less you see of the ground on which you stand.

It is time to bring these hurried and crowded remarks to a close. Reject what in them is false, examine what is doubtful, remember what is true; and so, God bless you, Gentlemen, and Farewell!

AN IMPERFECT HEAD UPON THE TOP OF THE HEAD OF A CHILD OTHERWISE WELL FORMED.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Some of your readers may remember your allusion to this remarkable case in a late number of the Journal (Dec. 24th, 1857), and the statement that according to Geoffroy St. Hilaire, only two cases of this form of monstrosity were as yet known. A few days ago I received a letter from Dr. Gustavus L. Simmons, of Sacramento City, California, who received his Degree two years ago, at the Medical School in this city. He had seen your article, with your request that any one who might be acquainted with the facts should forward them for publication; and he is certainly entitled to the thanks of the profession for the trouble that he has taken in the case.

Dr. S. says, Feb. 19th, 1858—"As 'Alder Creek' is in Sacramento County, about twenty-two miles from this city, I made it my business a few days ago (in connection with a country visit) to call on the attending physician, Dr. Rutherford, who received his medical education at Edinburgh, and is a gentleman of enlarged experience."

The following history of the case was given by Dr. R. and drawn up by Dr. S.

"The parents of the child, which was a female, are healthy Ame-

ricans, and about 30 years of age. No unusual symptoms attended pregnancy, and the fœtus was delivered after an easy and natural labor. The mother, however, was of the opinion that she had gone a month beyond full term. Weight about seven pounds. The limbs and trunk were perfectly formed, but an appearance of a large protuberance on the top of a well-formed head immediately attracted the notice of the attendant, and reminded him of a grenadier's cap. On closer inspection, it was found that the child had apparently two heads—one directly on the top of the other—the lower half of the upper head being merged into the superior portion of a lower or perfect head, and between them a perceptible sulcus. The extra head was some five inches in height, with the longitudinal suture more widely separated than usual, and the space filled by a small fluctuating tumor. No features could be defined. The lower head was perfect, with well-formed and small features. The eyes were straight, and at no time was squinting perceptible. Bowels torpid, and required the use of laxatives. Urine natural. From birth the child refused to take the nipple. When about a fortnight old, slight convulsions began to make their appearance, which subsided in a few days. These tremors were not confined to any particular part of the body. Death took place about ten days after the convulsions ceased. The child seemed to gradually fall away, from birth, and died of 'marasmus.'

"*Autopsy.*—Dr. R. made a hasty *post mortem* a few hours after death; but owing to attending circumstances, he was unable to extend the examination, and consequently his report is necessarily deficient in detail. On making an incision into that part of the scalp which covered the tumor, in the longitudinal suture, about three fourths of an ounce of clear watery fluid escaped. The scalp was quite firm, and on turning it aside, a semi-solid mass appeared, having on its surface deep convolutions, and covered by the usual membranes of a brain. This substance was clear and gelatinous, with no appearance of vessels, and in density resembling the vitreous humor of the eye. It seemed to extend down into the geat longitudinal fissure, which separated the hemispheres of the brain of the lower head, and filled up the space formed by the bones of the extra or upper head. There were three distinct bones in the upper head—two side (or parietal), and one posteriorly, or in place of the occiput. The parietal bones seemed to extend anteriorly, and form a frontal covering for the mass beneath. The sagittal suture of the lower head extended through the bony covering thus formed. Time did not allow of an examination for the lateral sutures, but a prominent ossific deposit was noticed on the parietal bones, which, in the opinion of Dr. R., constituted an effort of nature to form a meatus auditorius. On removing the contents of the upper skull, the membranes of the lower brain were observed to be very delicate, but the cerebral substance was healthy and of the usual size.

"The bones of the lower cranium were in all respects complete and perfect.

"The above constitutes all the information I could procure from the attending physician, and I can only add my regrets to his, that circumstances prevented a fuller statement."

In the above description of the upper head there are a few points that might be more insisted upon. As I understand it, Dr. R. made his incision through the scalp, and through the longitudinal suture between the parietal bones; and it was from within these last that the fluid escaped. The bones were lined by dura mater; and there was an arachnoid cavity, which probably contained the fluid. There was no brain. In regard to the "semi-solid mass," I think it must have been the pia mater infiltrated with serum. In the "acephalous fœtus" this tissue is generally much developed, and sometimes so greatly as to form large lobular masses, and to have been described as tumors upon the base of the cranium; and the "gelatinous" appearance suggests the idea of the infiltrated sub-arachnoid or any other cellular tissue. The lower cranial bones, Dr. S. says, were "complete;" there must, however, have been a deficiency within the line of union with the upper cranium, probably an absence of the dura mater to the same extent, and then the "semi-solid mass" might very well have forced itself down "into the great longitudinal fissure," as the point or rather the line of least resistance.

Yours respectfully, J. B. S. Jackson.

Thursday, March 18th, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Jan. 25th.—*Inoculation of Secondary Syphilis.*—Case reported by Dr. W. E. Townsend.

Mrs. W., a respectable woman, of fair complexion, always enjoying good health, whose family Dr. T. had attended for several years, took, Jan. 10th, 1856, a child five days old to nurse; observing that it had an eruption on its skin, she confined it to one breast, reserving the other for her own infant. This eruption, she said, resembled the chicken pox; there was no soreness or discharge from the mouth or nose; the child nursed well and throve till about the last of March, when the eruption, which had gradually grown more livid and distinct, formed scabs, and these shortly falling off, left ulcers in their place. Three weeks before its death a sore appeared in the nose, and a discharge ran from its interior; still there was no difficulty in the mouth, which was several times examined by the nurse in search of swollen gums, neither was her nipple at any time inflamed. The child growing worse and more uneasy, she permitted it to lie all night at the breast. After ten days, feeling much irritation there, she frequently

rubbed her breast above the nipple, and, finally accidentally scratched it about an inch above that point. This scratch continued to be exposed to the secretions from the nose, and on the 18th of May, just before the child died, she noticed a pimple, with a hard scab on it, at that spot. This being painful, was poulticed ; when the scab dropped off it left a sore, which increased till it became a circular ulcer an inch in diameter, with everted edges, presenting the appearance of ordinary syphilis, so that two medical friends of experience who saw it, at different times, without knowing its history, said "that is a venereal sore in a curious place." Under constitutional treatment this healed in three weeks, and was followed in three more by a copper-colored eruption and sore throat, which last continued about a month, and finally yielded after the continued use of bichloride of mercury. The mother of the child, fearing that it would be returned to her, denied that she had ever had any syphilitic disease ; but her character was bad, and the woman with whom she boarded, said, that when she was about three months pregnant, she was confined to her bed for seven weeks with syphilis.

Is there any evidence in this case that the child had a primary chancre in its mouth or nose? If it had, there was no sign or suspicion of it for three months, during all of which time it nursed without trouble and throve well, the nurse not having, all that time, any soreness of her breast or nipple.

What was the character of the sore with which she was at last inoculated? It looked, to the eyes of three medical men accustomed to the disease, like a venereal ulcer, and was followed, after it healed up, by well-marked constitutional symptoms.

With regard to this case, Dr. H. J. Bigelow expressed a doubt as to the character of the ulcer upon the breast, stating that the probabilities were, in his opinion, against its being of a syphilitic nature.

Dr. Cabot mentioned a case in which a child inoculated the nurse, who afterward had secondary symptoms. He supposed the child to have had a chancre, although he did not verify his opinion by an examination. The child afterward died. He had seen a child with a true chancre in the mouth, and thought its existence in this part easily explained.

Dr. Bethune thought that a secondary ulcer may take on the appearance and character of chancre.

Dr. Bigelow replied that a secondary ulcer may, in some instances, take a retrograde course and put on the appearance of chancre, but he thought this due to collateral circumstances.

Dr. Bethune alluded to the case of a gentleman whom he met in Europe, who had a scar upon the forehead, of the size of a fourpence, and depressed—caused, as he stated, by a chancre.

Dr. Bigelow supposed this to be a tertiary ulcer, affecting the cellular tissue.

Dr. Gay mentioned a case that occurred at the Hospital, which he thought somewhat resembled that reported by Dr. Townsend.

The patient, aged 14, entered the Hospital, October 6, 1857. The history of the case, as given by the mother, was as follows :—

Nine years ago, she (the mother) nursed a woman who had sore nipples, and who afterward proved to be laboring under syphilis. She and her little daughter drew the milk. A week after, they both had sore mouths, and in a short time the throat of the mother became so

much affected that she was able to swallow only liquids. She got well under the use of mercury, but had several relapses, and in seventeen months entered the Hospital with sore mouth, raised tender spots on scalp, and a node on each tibia. She was treated with iodide of potash, and in a month discharged, much relieved.

From the time of nursing this woman, the child was always liable to ulcerated sore throat. She always had, she said, "sore mouth" whenever she took cold. Nine months ago, after a severe attack of this trouble, the soft palate became affected, and at the present time the ulceration had so progressed as to have destroyed the uvula and a portion of the velum on either side, leaving a triangular opening, with ragged edges. The anterior pillars were also destroyed. The whole of the soft palate and back of the throat were much inflamed, and on the latter there were whitish patches of ulceration. The nose, especially at its upper part, was much depressed. The cartilage of the septum was perforated, the opening being about the size of a small pea. She spoke as though she had a fissure of the soft palate, and was unable to swallow solid food.

This patient recovered in six or seven weeks, under the use of the hydriodate of potash, tonics, &c. While at the Hospital, a long thin piece of bone, apparently the vomer, came away from the nose.

Dr. Bigelow remarked that this was one of those cases which are necessarily involved in much obscurity. He had this patient at the Hospital, but did not believe her statement, thinking it far more probable, admitting the disease in this case to be of a syphilitic nature, that she inherited this constitutional tendency from her parents, than that she took the disease in the way suggested. He however did not regard the case as of this nature, but as one of scrofulous lupus.

To illustrate the difficulty of sometimes recognising a chancre, Dr. Gay alluded to the case of a gentleman who had an ulcer upon the end of one of his fingers, and who consulted several surgeons of Boston with regard to it, no two of whom were agreed as to its true character. Dr. Gay told him that it looked like a chancre. Six weeks afterward he went to New York, and while there consulted an eminent practitioner. About this time he had an eruption upon the body which determined the surgeon to regard the case as syphilitic, and he treated it accordingly, giving the bichloride of mercury, and the patient returned home well.

Dr. Bigelow said that he had this patient under treatment for some weeks, and regarded the case as one of scrofulous tubercle; recommending active exercise and travel. He went to New York by his advice, and he believed it quite probable that the change of air and life alone had produced the good effect alluded to.

[With regard to the transmissibility of secondary syphilis, while Ricord and his school maintain that this form of the disease must necessarily be preceded by a primary sore, and is never itself communicable, there is a great and increasing weight of authority, both in this country and in Europe, in support of the theory that secondary syphilis may be, and often is, directly communicated, case after case having been reported which it would seem impossible to explain on any other supposition.

Velpeau, Mr. Porter of Dublin, Dr. Bennett of Edinburgh, Mr. Whitehead and Wilson, Mr. Waller of Prague, Sigmund and Hebra of Vienna, Dr. Buckley of New York, and others, speak unhesitatingly

in favor of the latter hypothesis. It will be sufficient to cite the opinions of two eminent clinical professors on this point. Dr. Bennett, in one of his clinical lectures, says of the secondary forms of syphilis, that they are always the result of inoculation ; but that they may arise not only from the poison being absorbed directly from a primary sore, but may be communicated by the mother to the fœtus in utero, by the infant to the nurse, and again by the nurse to the infant. (See *London and Edinburgh Journal of Medical Science*, 1852, p. 570.)

Velpeau, at a recent meeting of the French Academy of Medicine (see *New York Medical Times*, February, 1856), stated that he did not hesitate to maintain that all or nearly all the manifestations of secondary syphilis are contagious. He bases his opinion on the general consent of physicians to its truth, and the daily experience of the profession, as well as upon clinical observations, the fact of hereditary transmissibility and the results of inoculation itself.—Sec'y.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 25, 1858.

THE STATUS OF THE PROFESSION.

A series of editorial articles under the above head has appeared in three late numbers of the *Medical and Surgical Reporter*, the last of which suggests a plan for raising and maintaining the standard of medical acquirements. This plan was adopted by the Medical Society of New Jersey for recommendation to the American Medical Association, at the next annual meeting at Washington, in May next. Its chief features are the following: the Association shall appoint a Board of Censors for each circuit of the United States Supreme Court, who shall meet at stated times during each year, in different sections of their respective districts, for the purpose of examining candidates for membership of the Association, and their certificate shall entitle the holder to such membership. The Army and Navy Examining Boards may also issue certificates entitling candidates to membership, and members may also be received, within certain specified limits, on certificate from foreign medical societies or examining boards, and the Association may confer honorary membership at any regular meeting, by a two-thirds vote. The plan also proposes that the State Societies should resolve themselves into auxiliaries to the National Association, the district, county and other societies being auxiliary to the state societies, and all controlled by the regulations of the National Association.

The above plan is embraced in a series of resolutions, which the delegates of the New Jersey Society are instructed to present at the meeting of the Association. We understand they are intended as suggestions only, in order to bring the subject to the notice of the Association, and lead to the adoption of some plan for establishing a standard for membership which may secure the election of such men only as shall be worthy of composing the highest medical body in our country. There is no question as to the importance of doing something to raise the standard of candidates for membership. At

present, the Association contains a large number of members who are unworthy of the privilege they enjoy, and who impair its dignity and prestige; but we anticipate that it will be exceedingly difficult to apply any rigid test of fitness for membership to a society of such unwieldy dimensions, whose officers and active members undergo such constant changes, and whose meetings are held at such distant intervals.

The remedy for the evil must be partly sought for in the happy influence which the Association itself is exercising upon the profession, especially in promulgating its Code of Ethics, and in raising the standard of medical education. We believe that already a great advance has been made in the character of the profession in our country, and its future progress must be still more rapid. The better educated our physicians are, the more will they elevate the medical profession, and secure it from the inroads of empiricism. We imagine that here lies the main difficulty. A large number of our practitioners are deficient in the elements of a common education. As a class we know that they are intelligent and sagacious, and practically acquainted with the *art* of medicine; but their resources do not enable them to study it as a *science*, nor to contribute to its progress. We are describing a state of things which is now passing away. Already our schools have assumed a high position, and are sending forth legions of well-instructed physicians, who will elevate medical science to its proper rank among us.

We commend the Resolutions of the New Jersey Society to the careful consideration of all who are interested in medical advancement, and we hope they will be fully discussed at the approaching meeting of the Association.

INDISCRIMINATE SALE OF POISONS.

In a late number we alluded to the very dangerous custom of selling active poisons to irresponsible parties, without a prescription from a physician, or some other guarantee that no criminal use would be made of the article purchased. We desired to call attention to the importance of a legal enactment which should place some restraint upon this practice, and related the case of a young girl who obtained, without the slightest difficulty, of an apothecary, half an ounce of laudanum, which she swallowed with the intention to commit suicide. The medicine was delivered to her *in a teacup*, which she brought for the purpose. Quite recently a similar case of culpable carelessness on the part of an apothecary has occurred in this city, which resulted in a more disastrous manner. A few days ago, a young woman, who had been partially insane for two months past, purchased at a drug store six cents' worth of arsenic, which she mixed in a glass of lemonade, and swallowed. An emetic was immediately given, which caused free vomiting, and it was supposed she was out of danger. She died, however, the next day. It was supposed, from her confessions, that she had taken other poisons. The coroner's jury in their verdict caution apothecaries against this practice, which they consider to be highly reprehensible, and which ought to be severely punished.

PROFESSIONAL INTEGRITY.

Messrs. Editors,—In 1835 I became a licentiate of the Massachusetts Medical Society, by paying two dollars, as I was a graduate of

the Mass. Medical School. Being located in Truro; 100 miles from Boston, I did not enter into full membership. Of late years, as irregular consultations and homœopathists have been encouraged by the Mass. Med. Society, I have had little desire to be enrolled among its members. Many are of my mind, and others whose names are on the catalogue are only nominal members at present, hoping the time is not far distant when the true common sense of our profession will rise in its might, and purge us from dead works to the service of truth and science.

Your editorial of March 11th, 1858, accords with my views, precisely, and I am happy to affirm that your JOURNAL has always been consistent and conservative ; and I feel confident that ultimately truth must *everywhere* prevail. He only is worthy the name of physician who would not rather beg, than seek to gain the public favor by dishonorable means, and thus attempt to sacrifice our noble profession to ignorance and prejudice. If we expect to prosper by being united with duplicity and avaricious cunning, we shall justly be disappointed, and the regular practice be saved, yet as by fire.

How much it is to be regretted that our ancient and justly-renowned profession has not always found in the hearts of her followers the same attachment and devotion that was manifested by the heroic Kossuth, when he asked protection of the Sultan of Turkey. The latter intimated to him that if he would abandon his religion he would be safe ; to which the illustrious patriot and philanthropist replied (though he knew not but his answer would consign him to Russian vengeance), "welcome, if need be, the axe or the gibbet, but curses on the tongue that dare make to *me* so infamous a proposal."

Every Doctor in Medicine who has not integrity and courage enough to adhere to the regular fraternity, and scorn to consult with or countenance quackery, should commit his diploma to the flames, scatter its ashes to the winds, and declare there is no value in recorded observation and experience, nor advantage to be derived from the cultivation of the mind and heart. N. J. KNIGHT, M.D.

Somerville, March 19th, 1858.

LECTURES ON MENTAL HYGIENE.

THE fourth, and last, of a series of lectures before the Lowell Institute, by Dr. ISAAC RAY, was delivered a few evenings since. We were unfortunately prevented from attending the course, but we gladly availed ourselves of an abstract, printed in the *Courier*, which conveys an idea of its exceeding value. At a time when the reasoning faculties of the community appear to be almost distracted, the wise counsels of so eminent an authority in mental disease as Dr. Ray ought to be heeded by every one. We hope the author will be induced to publish his lectures, in order that their favorable influence may be as widely spread as possible.

Dr. Wood's Treatment of Spinal Curvatures.—We had no intention of doing injustice to Dr. WOOD in our notice of his reported cases of Pott's disease, in the last number of the JOURNAL, by suggesting that his principle of treatment was a secret one. We are happy to state that a full explanation of the principle and apparatus, illustrated with engravings, was published by him in the last number of the *New York*

Journal of Medicine, to which we refer those interested in the treatment of this class of diseases.

Medical and Surgical Reporter.—We are informed that the publication of the *Reporter* is about to be removed from Burlington, N. J., to Philadelphia, and that Dr. Wm. B. Atkinson, of the latter city, who has for some time past been a regular contributor to its pages, will be associated with Dr. Butler in its editorial management. We think there is a good opening for a monthly journal in Philadelphia, and have no doubt the *Reporter* will be well received, and be found still more worthy of the favor of its numerous supporters.

The Medical Department of the University of Maryland has undergone some changes. Professor Thomas resigns the chair of Obstetrics, which he held for ten years. To the vacancy, Professor G. W. Miltenberger, who before occupied the chair of Materia Medica and Therapeutics, has been appointed. Charles Frick, M.D., of Baltimore, is elected Professor of Materia Medica and Therapeutics, in place of Professor Miltenberger.

Prof. Holmes's Valedictory Address.—We are happy to be able to lay before our readers Dr. Holmes's excellent address to the graduates of the medical class, which he has kindly furnished for publication at our request. We shall take an opportunity of noticing the address in detail hereafter. Copies, in pamphlet form, may be obtained at this office.

Mortality of Charleston, S. C.—From the Annual Report of the City Registrar of Charleston, we learn that the total number of deaths during 1857 was 1,237, of which 496 were those of whites and 741 those of blacks. The proportion of deaths to the population was 1 in 42.37. The most fatal diseases were consumption (141), trismus nascentium (57), dropsy (57), convulsions (58). There were 84 deaths from "old age," of which 60 were those of blacks.

Health of the City.—The mortality for the past week was very large, no less than 90 deaths having been reported. Of these, 23 were from consumption, 8 from pneumonia, 3 from congestion of the lungs, and 4 from scarlatina. There were four deaths from "old age." One female of 20 years died of whooping cough. The number of deaths for the corresponding week of 1857 was 70, of which 14 were from consumption, 3 from pneumonia, and 11 from scarlatina.

Married,—In this city, 17th inst., Dr. J. C. Sharp to Miss Helen Sayles, both of Boston.

Died,—In Georgia, Vt., March 15th, Nathan Deane, M.D., 43.

Books and Pamphlets Received.—Paine's Institutes of Medicine.—A Report on the Diseases of the Cervix Uteri. By Joseph A. Eve, M.D.—Report of the City Registrar of Boston, of the Births, Marriages and Deaths for 1857.

Deaths in Boston for the week ending Saturday noon, March 20th, 90. Males, 50—Females, 40.—Accident, 1—inflammation of the bowels, 1—congestion of the bowels, 1—inflammation of the brain, 1—congestion of the brain, 1—burns, 1—consumption, 23—convulsions, 4—croup, 1—dysentery, 1—diarrhœa, 3—dropsy in the head, 2—infantile diseases, 5—puerperal, 1—epilepsy, 2—erysipelas, 2—typhoid fever, 1—scarlet fever, 4—disease of the heart, 2—hæmorrhage of the lungs, 1—intemperance, 1—inflammation of the lungs, 8—congestion of the lungs, 3—disease of the liver, 1—marasmus, 1—measles, 2—old age, 5—palsy, 1—purpura, 1—pleurisy, 2—premature birth, 1—suicide, 1—teething, 2—ulcers on hip, 1—unknown, 1—whooping cough, 1.

Under 5 years, 34—between 5 and 20 years, 5—between 20 and 40 years, 22—between 40 and 60 years, 15—above 60 years, 14. Born in the United States, 62—Ireland, 23—other places, 5.

Massachusetts General Hospital.—The annual report of this Hospital, just published, shows that 920 patients have been admitted during the past year. Of these, 280 paid their board, 91 paid it part of the time, and 549 were entirely free. Of the whole number, 510 were discharged well, and 130 died. Proportion of deaths to the whole number of results, 1 in 7 1-3. Number of accidents during the year, 163. Average number of patients, 128; males, 66—females, 62. Whole amount of board charged to all the patients for the year, $29,800 23. Of this, there was received from paying patients, $7,336 83; and the remainder, $22,463 40 was charged to the Trustees, for free patients. Deducting the repairs of the Hospital, the weekly expense of each patient was $5 90.

In the McLean Asylum for the Insane, connected with the Hospital, 141 patients were admitted during the year, and 159 discharged. Total number under care, 337; average number, 191.

Eastern Lunatic Asylum of Kentucky.—The thirty-third and thirty-fourth Annual Reports of this institution have just been published together, bringing the statement of its condition up to Oct. 1, 1857. During the year ending at that time, there had been under treatment in the institution, 298 patients—viz., 198 remaining at the beginning of the year, and 100 admitted in the course of it. Of these, 37 had been discharged, recovered; 20 had died; 12 removed; 1 eloped; and 228 remained. The buildings are intended for the accommodation of only 225 inmates. The Western Asylum, in the same State, it appears, has accommodations for 350, and has within it, on account of an unequal division of the State, only about 100. Complaint of this is made in the Report, and also of the neglect of the Legislature to furnish the Eastern institution with a smoke-house, garden-house and work-shops, as well as a farm—the lands now used being only leased for the Asylum. During the early part of 1856, diarrhœa, which had been the prevailing malady among the inmates for many years, became suddenly more prevalent, and assumed the form of an epidemic. Surmising that this was caused by a leakage in the main sewer of the establishment, which was of rough stone, uncemented, and passed near the spring furnishing the house with water, an examination was made, and it was found that soap-suds emptied at the wash-house, would, in twenty minutes, issue at the spring. All communication with the spring was immediately cut off, and water a mile distant, obtained, until an artesian well was completed. Within one week, not a case of diarrhœa remained in the house, and a full year afterward, the superintendent states that diarrhœa, once the perpetual scourge of the institution, had disappeared, and other affections had become more manageable. It is proper to state, that the sewer leading from one of the water-closets was found obstructed, and cleared out during the same season. The artesian well spoken of is 106 feet deep, 89 feet through solid rock. The water, which rises 50 feet in the bore, is considered inexhaustible, and is represented as possessing wholesome medicinal properties, without affecting its general culinary usefulness. An analysis by Prof. Peter shows that it contains about two grains of common salt to the gallon, small portions of the carbonate of lime and magnesia, a trace of the carbonate of iron, with chloride of sodium, sulphate of lime and magnesia, and minute traces of bromine and iodine—its gases, sulphurated hydrogen and carbonic acid. Its flavor is pleasant, and all have become fond of it.—The attention of the legislature is called to the importance of providing accommodation for idiots in the State—some of whom are now sent to the lunatic asylums, and many others are scattered over the State and supported by the annual appropriation made for their relief. This appropriation, it seems, has gradually increased since 1843, when it was $14,880 33—in 1856 it being $21,095 01, in addition to the support of those in the asylums.—The estimated value of the products of the garden and farm, cultivated by the patients exclusively of the Eastern Asylum, during the last year, was $2,644 30. A single half acre of land yielded 207 bushels of potatoes—"carefully measured by several gentlemen." This asylum is situated near Lexington, and the Medical Superintendent is Dr. W. S. Chipley, to whom we are indebted for a copy of the reports referred to.

A valuable mineralogical cabinet is to be sold in Nashville, Tenn., on the 15th of April next. It contains more than 1200 minerals, and belonged to the late Dr. Girard Troost.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVIII. THURSDAY, APRIL 1, 1858. No. 9.

SCARLET FEVER, COMPLICATED WITH DEAFNESS AND PERFORATION OF THE MEMBRANA TYMPANI, WITH SUPPRESSION OF URINE AND SYMPTOMS OF CEREBRAL DISEASE.—RECOVERY.

[Read before the Boston Society for Medical Observation, March 1st, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY EDWARD H. CLARKE, M.D., BOSTON.

H. B., a boy of American parentage, three and a half years old, and of average general health, came under my care with the premonitory symptoms of what proved to be scarlet fever, on January 1st, 1857. He lived at the South End. His complexion and hair were light. He was rather stout for his age. By January 3d, the fever was fully established; that is, a bright scarlet rash covered the whole skin. His pulse was 124; his skin was burning hot and dry. His fauces were congested and slightly ulcerated, and the integuments of his throat were moderately swollen. His urine was reported to be normal in quantity and of a pale color.

A sponge bath of tepid water was ordered four or five times during the day and night. Sweet spirits of nitre and the liquid acetate of ammonia were prescribed every four hours. Alternately with the nitrous mixture, two grains of chlorate of potash were given every four hours. Toast water was advised for his diet. He was allowed to drink freely.

By January 5th no untoward symptoms had occurred. The scarlet rash was then fading away. The ulceration had disappeared from his throat, which was less red and swollen. His urine, according to the report of the nurse, was passed as often as every half hour, in a large quantity, and pale like water. His bowels had been moved naturally. During the night of the 4th, he suffered from severe otalgia of the right ear. I found the meatus of that ear swollen and tender. The swelling was such as to prevent the membrana tympani from being seen. No change was made in the treatment, except to apply opiate fomentations to the right ear, and to advise a Dover's powder, if necessary.

Three days later, on January 8th, the rash was nearly gone, and desquamation had commenced. There had been no otalgia since

the night of the 4th. His pulse was 130; his skin hot; and his urine reported to be still pale, but normal in quantity. He had no appetite. His bowels had not been moved for forty-eight hours. He was restless and uneasy. The drugs which had been previously exhibited were omitted. The nurse was directed to give him a diet of milk, and of broth if he had any appetite for it. Castor oil was ordered; and a mixture of comp. spirits lavender, valerian, bicarb. soda and simple syrup, was directed three times a day.

The oil was followed by two copious dejections. During the nights of Jan. 8th and 9th, he slept better than previously. He seemed to be convalescent, and had some appetite.

On Jan. 10th, he was not so well. The mucous membrane of his mouth and fauces was unnaturally red, and presented small spots of superficial ulceration. His nostrils were irritated by an acrid and watery discharge. The papillæ of his tongue were prominent. His pulse was 120 and feeble. He lost what little appetite he had gained. The treatment just described was continued, and wine whey was added to his diet. He remained in this condition, without any marked change for several days. My notes state that during this period his appetite improved a little; that a dejection was procured every third day, by castor oil; that a slight otorrhœa appeared from both ears, but that he was too weak and irritable to permit a satisfactory examination of his ear passages. The same general regimen was continued. His ears were carefully cleansed by warm water syringing, several times a day. Dover's powder was exhibited at night, whenever he was so restless as to require it. On Jan. 16th, the glands just below the angle of the jaw, on the right side, were considerably swollen. Soon after this, his parents noticed that he was deaf.

On Jan. 19th, he was still feeble and restless. His pulse was 114. He was heavy and dull, though not comatose. His urine had gradually decreased in quantity, and become by this time very scanty. A moderate otorrhœa continued, and without otalgia. He was so deaf that a loud sound, like the ringing of a table bell, or shouting close to his ears, was not apparently heard at all. The mixture of valerian and lavender was now omitted. Broth, beef-tea and wine whey were freely given. A third of a drachm of sp. æth. nit. was prescribed every two hours. The next twenty-four hours passed by without the appearance of any urine. An examination of the bladder, externally, indicated a suppression of the secretion. The pupils of his eyes acted normally. His tongue presented no coat, but the ulcerative stomatitis had increased. He had no thirst or appetite. The swelling near the angle of his jaw was larger. His skin was harsh and dry, and his body exhaled an offensive and almost putrid odor. The amount of nitre was increased, and his body well rubbed with oil, and bathed.

At 10, P.M., of Jan. 20th, he lay quiet and apparently stupid.

His respiration was not stertorous, and his pulse was as before. His skin was still rough and dry. He had passed no urine. While in this condition, he was wrapped up in a sheet, wrung out of hot water, and placed inside of a dry blanket. In half an hour, there was evident perspiration. In an hour, the perspiration was copious, and he was so restless that it was necessary to take him out of the wet sheet. He was put into bed and fell into a quiet sleep. The sp. æth. nit. was continued as before, and a few drops of gin were given every hour. At 4, A.M., of Jan. 21, he passed urine enough to moisten a napkin slightly, the first drop for thirty-six hours. In an hour or two, he passed some more. During the ensuing twenty-four hours, he passed a little, several times. He was still so deaf as to take no notice of the loudest sounds.

For the next few days, he seemed to improve somewhat. His appetite became better. His urine assumed a more natural color, and was larger in amount. Desquamation continued, and the odor of his body was less putrid. But, on the other hand, he was restless, and could not sleep at night without an opiate. His bowels were costive, so that no dejection occurred without physic, either castor oil or the fluid extract of senna. On the 27th, the abscess, which had formed beneath the jaw on the right side, was lanced, and about half a teacupful of pus discharged.

During the night of Jan. 28th, he became more restless and uneasy, sleeping only by snatches of ten or fifteen minutes at a time. The aggregate amount of his sleep was represented to be very little. He had turns of screaming, and occasionally screeched so loud as to be heard all over the house. On the next morning, Jan. 29th, he refused food and drink. His pulse was 120, regular and feeble. The pupils of both eyes were greatly enlarged, and contracted only under the influence of a strong light, held near the eye, and then contracted sluggishly. There was no apparent nausea, and no vomiting. The costive state of his bowels continued. Occasionally he would start and jump as if hurt or frightened, and without apparent cause. Most of the time he lay quiet and stupid, but without coma. There was no increase of otorrhœa. The abscess in his neck discharged freely. His deafness was unchanged.

All previous medicines were suspended. He was ordered pulv. opium gr. $\frac{1}{12}$, with hydrarg. cum creta gr. ij., every two hours till he was sound asleep.

The report of the next morning, Jan. 30th, showed an improvement in his condition. He got six powders, making half a grain of opium, and 12 grains of the mercurial, and then slept soundly eleven hours. His pulse was 100. There had been no more screaming. His pupils were normal. He was willing to take food, and recognized those about him. He passed water naturally, but there had been no dejection for thirty-six hours. The abscess was healing. He was still deaf. The powders were now suspended.

A cathartic of castor oil was exhibited, and a diet of beef-tea and gruel advised.

On the next day, Jan. 31st, the nurse reported two costive dejections after the oil. He had slept well, and was asking for food. His pulse was 120. The aphthous ulceration of his mouth was better. His pupils were enlarged, but contractile. The same nourishing diet was continued. A mercurial cathartic was prescribed, and no other medication.

He got, during the next twenty-four hours, in divided doses, gr. xij. of hydrarg. cum creta, and then fluid ext. senna comp. ʒij. This was followed by one copious and less costive dejection.

Four days later, Feb. 4th, my record states that he continued to improve. There had been no more screaming. His eyes were normal. He had slept well, with an opiate of gr. $\frac{1}{10}$ of opium. His pulse was 100. The aphthæ were disappearing. His tongue was clean, and his appetite good. A loud and sharp sound, if close to his ears, was evidently heard. There was still a slight discharge from the abscess beneath the jaw. The opposite or left side of the neck now began to swell, and in a corresponding position. His neck was stiff. The same diet of bread, broth and wine was continued. The iodide of iron was advised three times a day; and also a cathartic and opiate, *pro re nata*.

On Feb. 11th, the abscess beneath the angle of the left jaw was lanced. It discharged as freely as the other. He was at this time evidently convalescent. Moderately loud sounds, when near his ear, attracted his attention, but he was deaf to all ordinary conversation. In addition to his deafness, he seemed to have forgotten how to talk. At any rate, he did not speak at all. A slight mucous otorrhœa existed in both ears. No change had been made in the treatment.

By Feb. 22d, his condition was still more satisfactory. Both abscesses had healed. His appetite was good enough. His bowels were moved without drugs, and he slept without opiates. Two or three days before this date, that is, about the 18th or 19th of February, he began to talk a little, and uttered then the first sound which he had spoken for three weeks. He was still, however, too feeble to walk, and looked pale and weak. A generous diet, with wine and chalybeates, was advised for the future.

Three weeks later, on March 13th, my notes state that he had continued to convalesce, without any drawback. His appetite and sleep, the state of his bowels, his hearing and speech, were normal. He was able to run about like other children, and had regained a sufficiently ruddy complexion. He was so well at this date that all treatment by drugs was discontinued.

The condition of his ears has been referred to, thus far, only now and then, for it seemed to me better to present the record of the changes which were observed in them by itself.

On the fifth day of the fever, when the rash was beginning to fade, there was otalgia of the right ear. The meatus was swollen, tender and red; the membrana tympani could not be seen. The otalgia ceased after opiate fomentations, and did not return during the disease. On the next day, there was a moderate, muco-purulent discharge from the same ear. Four days later, that is, on the tenth day of the disease, a slight discharge of the same character showed itself in the left ear, and without antecedent otalgia. Contemporaneous with this double otorrhœa, there was superficial ulceration of the mouth and fauces, and an acrid discharge from the nostrils. About a week after this he became completely deaf, and soon ceased to speak. This deaf-mutism continued for nearly four weeks. On Feb. 18th, that is, on the forty-ninth day of the disease, he gave evidence of returning hearing. Presently he began to talk, and when he was fairly convalescent, he heard and spoke as well as usual. When the otalgia appeared, the ear, or rather the membrana tympani, could not be well seen. Later, the graver symptoms of the fever appeared, and the condition of the patient forbade a careful exploration. As soon as one could be made, which was not till February, the following condition existed. The walls of the right meatus were congested. The membrana tympani had a small perforation inferiorly, through which a discharge was oozing. The edges of the hole were red. The remaining portions of the membrane were clear. The walls of the left meatus were like the right. The left membrana tympani was reddened, but not perforated, or bulging out. At the close of the record, on March 13th, the seventy-second day from the attack, the right side perforation still existed, but the left meatus and membrana tympani were normal. The local treatment consisted in constant and careful syringing of the ears, several times a day, as soon as otorrhœa appeared, and as long as it continued. As soon as the condition of the patient warranted it, counter-irritation was kept up over the mastoid process, decidedly, by means of croton oil. Later in the disease, and as convalescence approached, astringent solutions of lead and of tannin were instilled into each meatus. Borax was applied to the mouth, and, when the child was not too sick, the fauces were sponged out with chlorinated water.

There are two or three points, in this case, of sufficient interest to warrant a special notice. I shall therefore trespass upon the time of the Society long enough to allude to them.

The first point concerns the condition of the patient's ear. The inquiry, which naturally arises with regard to this, is, what was the actual state of the ear, and how far was the recovery of audition, and the slight permanent injury of the tissues of the ear, influenced by treatment? It is not easy to give a complete answer to the first part of this inquiry. Yet we can approximate to one. From the reported examination of the parts, it is clear that the affection of the external and middle ear was not serious enough to account

for the total deafness. The meatus was swollen and inflamed; the membrana tympani was perforated by a small hole; repeated and daily syringing removed all accumulations of matter from each meatus; the inflammation and ulceration of the throat, though decided, was not deep-seated; the middle ear was not more seriously affected than the fauces. The deafness, therefore, arose from some lesion of the internal ear. Can we decide upon its character? From late pathological observations of the ear, I think we can, with some probability.

Dr. E. H. Triquet, of Paris, in a work upon diseases of the ear, just published, has given six cases of deafness with otorrhœa, occurring during the course of scarlet fever, typhoid fever and variola, in which an examination of the ear was made after death. In every one of them, in addition to various lesions of the external and middle ear, there was decided evidence of acute inflammatory disease of the internal ear. In November, 1852, a young girl, æt. 12, died under my care of meningitis, accompanied with deafness and preceded by otorrhœa. An autopsy was made by Dr. J. B. S. Jackson. The examination showed the existence of meningitis and also of inflammation, with pus in the vestibule, cochlea and meatus auditorius internus. The membrana tympani was perforated. Mr. Wilde, of Dublin, in his Aural Surgery (p. 278, Lond. ed.), gives the result of several examinations of patients, who were deaf during the course of typhus fever, and who died; and then adds, "I am, therefore, led to believe that in very many cases, the deafness occurring during the course of a fever is the result of inflammatory action in the ear itself, and not in the brain." Mr. Wilde afterwards quotes the statement of M. Passavant, that in the dissection of patients cut off by typhus fever, the latter observer had always found certain pathological lesions of the ear itself to correspond to the symptoms observed during life. Other authorities might be quoted, especially Mr. Toynbee of London, and Mr. Nottingham of Liverpool, to the same effect, viz., that deafness occurring during scarlet fever, measles, typhus, typhoid fever, variola, &c., often results—probably in the majority of cases results—from some inflammatory affection of the ear, and not from cerebral disease. The state of audition in many of those, who, becoming deaf during, or soon after scarlet fever, typhoid fever, &c., have recovered from the constitutional disease, confirms this view. I have had the opportunity of examining the ears of many, who dated their deafness back to one of the above diseases, and who never recovered their hearing at all, and were consequently dumb. In several such instances, I found the membrana tympani destroyed, and other lesions existing, but in many other cases there was no discoverable derangement of either the external or middle ear. There was some hidden lesion of the internal ear, which commenced at the time of the constitutional affection, and from which there had been no recovery. Mr. Wilde, in the work already

quoted, gives the statistics of 2372 cases of acquired deaf-dumbness from the records of institutions for the deaf and dumb in Belgium, Ireland and this country. Of this number, 419, or nearly one fifth of the whole, lost their hearing from scarlet fever, measles or smallpox.* We are not informed what was the condition of the ear in this large number of cases, but from the fact that these individuals were alive and well enough to be inmates of institutions for their education, it is fair to infer that no serious lesion of the brain had taken place. In a vast majority, the derangements had been local, confined to the ear.

With these facts before us, that is, the post-mortem appearances of those just referred to, who died from fever, and were deaf during it, and the general good health, in every respect excepting their deafness, of those who recovered from fever, the inference is quite clear, using the language of Mr. Wilde, "that in very many cases, deafness, occurring during the course of a fever, is the result of inflammatory action in the ear itself and not in the brain." In the case which I have just read to the Society, I have no doubt that the deafness, great as it was, resulted from an inflammatory affection of the internal and middle ear, and not from cerebral disease. What influence the local treatment had upon the recovery of the hearing, it is impossible, of course, to say. This statement, however, can be fairly made; that, while the patient might have recovered his hearing without any local treatment, yet, without such treatment, he might also, and with great probability, have been ever after a deaf-mute.

I have dwelt upon this point of the case at considerable length, because deafness during a fever is not generally, so far as I know, made by practitioners a subject of investigation or treatment. It has even been asserted that deafness and otorrhœa may be regarded as favorable omens in fever, and that they are not to be interfered with. If future observations should confirm what the facts cited above seem to indicate, that deafness during fever, even without apparent lesion, is commonly of a local and inflammatory character, then there is reason to hope that an appropriate local treatment, when deafness complicates a fever, either leeching and persistent counter-irritation, or other measures, pursued without any interruption of the free use of stimulants and tonics, of wine and bark, if the latter are required, may often avert one of the most distressing sequelæ of fever.

The second point in the above case to which I would call the attention of the Society, is the use of a wet sheet as a diaphoretic. On the night of the twentieth day of the disease, the abovementioned patient lay quiet and stupid. His skin was harsh and dry. His pulse was 120. He had passed no urine for more than thirty hours. Great dryness of the skin and suppression of urine thus co-existed for a considerable period. In this condition he was

* Wilde's Surgery, pp. 339–40. Lond. Ed.

wrapped up in a hot, wet sheet. In half an hour, his skin was covered with a copious perspiration. Stupidity gave place to restlessness, and presently he passed urine. It is difficult not to look upon the wet sheet and the diaphoresis in the relation of cause and effect, and not to believe that the action of the skin averted a dangerous, possibly a fatal complication of the disease. I have repeatedly used the wet sheet as a diaphoretic in diseases, and especially in the exanthemata, and with such results as to lead me to rely upon it, as a diaphoretic more certain and effectual than any other. Its temperature should, of course, vary with the object in view and the condition of the patient. M. Trousseau, in a late clinical lecture on scarlatina, at the Hotel Dieu, reported in the *Gazette Hebdomadaire*, and translated in the *American Medical Monthly* for November, 1857, speaks in the highest possible terms of the advantages of cool affusion, and of the wet sheet, in the treatment of this disease. It may be that physicians are more in the habit of employing it than I suppose. It is my impression, however, that it is not used nearly as often as it might be, and with excellent results.

The last point to which I will allude in this case, is the diagnosis of the condition of the patient on Jan. 28th, when there was sleeplessness, loud screaming, with intervals of stupidity resembling coma, constipation, and an enlarged and sluggishly contracting pupil. This state of things manifestly improved after taking a full opiate with a mercurial. Was there at this time incipient meningitis, slight effusion, or simply irritation of the brain? Judging from the effect of opium, it was probably the latter, yet I feared the former. Most authorities condemn opium, almost absolutely, in the commencement of diseases of the brain. May we not go too far in withholding opium even in meningeal inflammations?

SPINAL CARIES, OR ANGULAR CURVATURE.

[Read before the Boston Society for Medical Improvement, March 8th, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY BUCKMINSTER BROWN, M.D. BOSTON.

THE amount of relief which may be obtained from a combination of mechanical with medical treatment in aggravated cases of scrofulous diseases of the spine, with or without angular curvature, is often greater than, *a priori*, we should have deemed possible. The following cases are extracted from my note book, as among the most strongly marked and unpromising examples of this affection.

The first to which I would refer is that of a boy, 11 years of age, who came under treatment in February, 1847, and is thus described. "This patient has severe angular curvature in the lumbar region, by which he is much bent forward. In walking, he is

obliged to put his hands upon his knees for support. His legs are exceedingly feeble. He is of a scrofulous constitution; light hair, light eyes, fair complexion. Grandmother died of phthisis. The disease of the spine was first noticed two years since. It cannot be traced to any injury. Two months since, had an attack of fever, accompanied by costiveness, and by almost complete loss of power in his legs. At this time had pain in urinating. There is fluctuation in right lumbar region, three inches from spine." The treatment consisted in the application of supports for the spine, combining their use with constitutional treatment—iron, iodine, quinine, nourishing diet, friction, &c. The supports employed in this and similar cases, are such as I have found, upon the whole, liable to the fewest objections, and the best calculated to fulfil the most important indications in this disease. They are so constructed that there shall be no pressure upon the chest. The ribs are left without the least impediment to respiration, and the shoulders drawn backward, to enlarge the diameter of the thorax. By the same means, a slight degree of elastic pressure is made upon the projecting vertebræ, while the body is straightened, so as to prevent, as far as possible, the diseased and carious surfaces of bone from pressing against one another, and to relieve them of the superincumbent weight of the head and shoulders. Otherwise, of course, this weight upon the spongy and crumbling bone is constantly tending to increase the disease. Gentle exercise in the open air was permitted.

The memorandum for March 30th states "that the supports fit well, and the result is most satisfactory. The boy walks with his back comparatively straight, his head erect, and his whole appearance so altered that he would scarcely be recognized by one who had only seen him in his former bent position. His mother speaks of sending him to school. His general health is much improved." The record, six months later, states that "the boy is doing well, and is constantly at play in the streets with the other boys." In this case, as appears by the report, the protuberance was at once materially lessened by the mechanical support; he walked comparatively straight, and at the last date it seemed probable that anchylosis was taking place, by which return of the curvature would be prevented. Soon after this period I lost sight of the patient.

Another case was from St. Johnsbury, Vt., treated in 1852. "Child, five years old. Has angular curve in dorsal region, implicating five vertebræ—from the fifth to the eleventh. The spinous processes of the two latter are in such close contact as to be liable to be mistaken for a single process. The shoulders are much raised, probably caused in part by the habit of relieving the back of the weight of the head and shoulders by throwing it upon the arms, resting either upon the thighs, upon a table, or arms of a chair, &c. The respiration, most of the time, especially during sleep, or when the

mind is occupied, is noisy, amounting almost to a grunt. It is also, at intervals, apparently painful, particularly when attempting to take a long breath. He cannot draw a full inspiration. In October, 1850, he fell from a chair, and came upon the floor in a sitting position. His mother thinks that he began to breathe badly from that time. The angular projection was first observed last winter " (1852).

The treatment was similar to that pursued in the case just cited. Supports adapted to the spine, rest a portion of the time in the recumbent position, friction with brandy and salt, and constitutional remedies. The apparatus supported the patient in an upright posture; the respiration became normal, and, by perseverance in the course prescribed, all the unfavorable symptoms gradually disappeared. This patient removed to Philadelphia. I received a visit, however, from him in 1854, two years after treatment, when he was in perfect health, with the exception of a slight ophthalmia. There were still some remains of the angular protuberance, but it had much diminished.

A number of other cases could be cited, if it were deemed expedient, in which the result of the treatment here recommended was equally successful; in some of which, complete paralysis of the lower limbs had existed for several months.

In caries of the vertebræ, the true principle, bearing in mind the state of the bones, is undoubtedly to treat the disease as a fracture, so far as this is possible consistent with the health of the patient.

In the first place, the spine should be kept fixed, free from motion at the seat of disease. Second, the weight of the upper part of the body should be removed from the carious bones, and these should not be allowed to come in close contact, otherwise absorption will be promoted. In this respect the treatment, of course, differs from that pursued where there is a simple solution of continuity in a healthy bone. While the anterior part of the bodies of the diseased vertebræ are thus relieved, gentle pressure may be made against the projecting spinous processes by means of a pad and spring. That instrument is the most appropriate which is modelled upon the above general principles, and which will best fulfil the indications which result from them. The one here used is a modification of that described by Mr. John Shaw, of London. It consists of a similar pelvic girdle, which, however, is fitted and curved above the iliac bones, so as to grasp them superiorly as well as laterally, somewhat like a hand placed upon them, and of similar steel uprights, with crutches. This furnishes the basis, consisting of a firm foundation on the pelvis, with side splints for support, and to prevent lateral motion. These last are improved by being rounded over the lower ribs so as to produce no restraint upon their action. If we add to this a back splint in the shape of a steel spring, with a round concave pad to receive the projecting

processes, to steady and support the spine, and to produce slight continued pressure upon the circumference of the protrusion, we have, perhaps, as perfect a fracture box as the circumstances will admit. The pad should be so made as to give immediate local support and fixedness to the diseased bones, and from it straps should extend over the shoulders, to draw them backward and expand the chest. This is still further accomplished by having the anterior horn of the crutch lengthened upward to embrace the clavicles, connecting the two sides by an elastic strap across the back. This class of patients are debilitated and cachectic, and the disease tends to diminish the capacity of the thorax and abdomen from above downward, and to embarrass the contained organs. It is certainly consonant with sound theory, and experience has proved the importance of the principle in practice, that whatever mechanical means are employed, they should be such as will produce no further restriction of the respiratory function, no impediment to the free action of the ribs. Having combined the above treatment with passive exercise in the open air, and with such general remedies as seem appropriate, nature must be left to do the rest, and the result depends upon the fidelity with which our directions are complied with, and upon the original constitutional vigor of the patient. The attempt to portray, by casts or drawings, the different stages of a complaint affecting a part naturally so flexible as the spine, is very unsatisfactory. They depend much upon the position in which the patient is placed at the moment, or upon muscular atrophy or development at different periods; and if relied upon, they will tend to mislead both the physician and the patient, as well as others. It has, therefore, seemed best not to depend upon them in the description of a case.

Posterior curvature of the spine, where the bodies of several vertebræ have been especially affected by rachitic softening, and being compressed by the weight of the upper part of the body, a corresponding projection of the spinous processes has resulted, may often be mistaken for the more fearful disease, caries. In such instances complete cures may be effected, with no remains of the deformity, sometimes by very simple mechanical means, such as a figure-of-eight band round the shoulders, or other more complicated shoulder braces.

Sir Benjamin Brodie, in speaking of this affection, says: "Nevertheless, I am satisfied that these different kinds of curvature, arising from different causes, have frequently been confounded with each other; and that some of the cases which have been published as examples of caries of the spine, and in which it may, at first, be a matter of surprise that so complete and speedy a cure should have been effected, have in reality been cases of an entirely different malady.* Dr. W. J. Little, of London, whose experience in

* Brodie on the Diseases of the Joints, p. 254.

cases of this description is perhaps unequalled, likewise states that "rachitic posterior curvature may become angular in its progress."*

In true caries, however, a very different method of treatment is required, and the relief which is afforded in a majority of instances by following a course consistent with our knowledge of the pathology of the disease, sometimes resulting in a complete recovery, with more or less amelioration of the deformity, is a sufficient encouragement for its adoption in similar cases. So true is this, that whereas, some years since, I felt unpleasantly to see a case of this description, believing that art could accomplish but little for such a formidable malady, now, on the contrary, there is a satisfaction in undertaking the treatment, for, if a complete cure is frequently impossible, there is yet a strong probability that much suffering may be relieved and comfort attained.

As the diagnosis of spinal caries at an early period is confessedly very difficult, it is important to describe a symptom which will enable us to detect its existence, at a stage prior to that where its disastrous results have become decidedly manifest, and which I have never seen noticed or referred to by any writer upon the subject.

Frequently angular curvature is preceded by *incurvation* of the spine, usually in the dorsal region. The shoulders are thrown back, an exaggeration, in fact, of what is generally considered a characteristic of a fine figure. The child walks with his head and shoulders posterior to the median line. This is the reverse of what takes place later in the disease.

It seems to me probable that the condition here referred to, may in part arise from a swelling of the bodies of certain vertebræ, particularly their anterior portion, this being the part usually found most extensively affected by caries, together with consecutive tumefaction of the intervertebral substance. We know that swelling of bone, and of the soft parts in its neighborhood, precedes carious disease in other parts of the frame. From analogy we should expect that the pathology of spinal affections would correspond with that which exists elsewhere. At the period, however, when we have an opportunity to examine the morbid appearances, they are often such as would lead to the conclusion that ulceration and softening of bone and cartilage are not always preceded by the usual characteristics of inflammatory action.

The description, nevertheless, which is given by Mr. Paget of tuberculous disease, as it makes its first inroads upon the osseous structures, tends to sustain the views I have here advanced of the early pathology of spinal caries, as connected with its primary characteristic symptom. He says: "The abundant deposit of tubercle and the fulness of the vessels in the inflamed and softening

* Little on Deformities of the Human Frame, p. 350, note.

bone make the swelling in this form (the tuberculous) more considerable than in the preceding; yet it is rarely, if ever, great. * * * The changes produced by circumscribed tuberculous deposit in bone are comparatively seldom seen, for the disease is of slow progress, and rarely leads to death or amputation before the more diffuse ulceration has supervened and destroyed its characteristic features. The diffuse disease is, therefore, that which has been most studied and which has supplied most of the examples of scrofulous caries—'Pott's disease of spine,' 'Pædarthrocace.' It is this which is chiefly attended with ulceration, or perhaps tuberculous deposits in the neighborhood of diseased bones. * * * Inflammation indicated by all its signs is a common precedent and attendant of tubercular deposit."*

An additional explanation has been proposed by Dr. J. B. S. Jackson, which may partially account for the symptom, viz., that the pain occasioned by any forward pressure on the diseased bones causes the child instinctively to seek relief by throwing the head and shoulders backward.

It is not improbable that this primary incurvation is very constantly present as the first indication of scrofulous spinal disease, but does not, in most instances, attract attention, or is regarded by the parents as a peculiar beauty in the form of their child, who is otherwise feeble and of a tuberculous diathesis.

It is evident that marked benefit must arise from the general recognition of this premonitory sign. The measures, hygienic and special, which the judicious physician will be led to adopt while the disease is yet in its incipient stage, we have a right to anticipate, may in many instances check the advance of the specific inflammation, and tend to remove the effects of that which has previously existed.

As the disease progresses, loss of substance takes place, the bone becomes converted into a spongy, brittle mass, and yields in the opposite direction. This formation of angular curvature sometimes occurs suddenly; there is an immediate breaking down anteriorly of bone, the normal texture of which has been gradually destroyed.

Consumption in Boston.—The mortality from this disease in 1857 amounted to 764—4 more than were recorded the previous year—making 19.30 per cent. of all the deaths. The mortality from this cause is in the ratio of one death to each 222.51 of the population. Of those dying from this formidable malady, foreigners comprise 69.24 per cent.—the amount that the same class contributed in 1855, but 5 per cent. above that of the year 1856.—*Report of the City Registrar.*

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* Surgical Pathology, pp. 682 and 683.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 25th.—*Large Fibro-nucleated Tumor filling the Left Pleural Cavity. Small growths of the same kind in the Lungs. Ovarian Cyst.*

Dr. STORER remarked that in January, 1856, he reported to the Society the case of a patient 41 years of age, from whose uterus a fibrous tumor, weighing two pounds, was expelled, forty-eight hours after her delivery.

Early in that pregnancy she became considerably exhausted by hæmorrhage, but rallied previous to its completion, and after its termination and the expulsion of the tumor recovered her usual health.

On the 13th of May last, she was again delivered of a large healthy child, and recovered slowly.

Although far from being well, she did not ask for professional aid until October. At that time Dr. S. found her suffering considerably from pain of a pleuritic character in her left side, with some dyspnœa and a frequent, short, harassing cough, together with an inability to lie upon her right side.

Upon examining the chest, the left side was observed to be much enlarged, and the intercostal spaces separated. There was absence of respiration and flatness on percussion throughout the entire side of the chest.

The patient's symptoms gradually became aggravated—particularly the respiration, which compelled her at last to assume the erect posture the greater portion of the time.

She died on the 15th inst. Some days previous to her death, Dr. S. endeavored to persuade her to have the operation of *paracentesis* performed, as holding out the only prospect of relief.

On the morning of her death, Dr. Bowditch saw her in consultation, and coinciding in Dr. Storer's views of her case, made three distinct punctures with a trochar, which were followed by a drop or two only of serum.

Sectio-Cadaveris, by Dr. ELLIS. The abdomen was considerably distended by flatus and serum. Some of the intercostal spaces on the left side appeared decidedly prominent after the removal of the skin and muscles from the ribs. The diaphragm projected three or four inches, by estimate, below the edge of the left ribs, and was quite irregular, as if stretched over a firm lobulated body.

The heart lay entirely within the right side of the chest, upon the sloping surface of the mass to be described.

The left pleural cavity was entirely filled by a tumor which extended downward, as previously mentioned, and to the right as far as the line of junction of the ribs with the cartilages, the most prominent part being in contact with the heart. It adhered firmly to the walls of the chest. Over the upper part, where it lay against the spine, was the lung, entirely deprived of air, very much reduced in size, spread over some portions in a very thin layer, or here and there imprisoned in the deep fissures between the lobes.

The mass, with the lung attached, weighed nine pounds. It was 13½ inches long, 7½ wide and 4½ thick. Externally it resembled a large

fatty tumor, being of a yellowish color, and divided into lobes of various sizes, some of them separated by deep fissures.

Projecting somewhat from the surface, but mostly contained within the substance of the mass, were cysts, these being most numerous and largest in the upper part. Some of them were, by estimate, two or three inches in diameter. Externally, they appeared reddish, the contents being seen through the thin walls. They contained a bloody fluid, and in the largest was a quantity of grumous matter. Some of those in the upper part communicated freely with each other, and from portions of the walls there projected thin partitions. The lining membranes were smooth, and of a bluish or reddish color.

In all parts of the growth were smaller cysts, varying from a quarter of an inch to an inch in diameter. Some of these were considerably elongated, and could be traced with the finger until they terminated in rounded extremities. They, like the others, contained a bloody fluid, and had quite smooth walls.

The cut surface of the tumor was of a dull-white color, and moist, but yielded no milky fluid. The walls of the cysts alone appeared vascular. It had in many parts a decidedly fibrous structure, like that of some fibrous tumors of the uterus, the fibres diverging or running through the mass in various directions. Other portions had a smooth, uniform appearance. In the upper part of this lung were two similar masses as large as peas, and in the lower lobe of the right, a third, of the same size.

On microscopic examination, the external portions of the large mass were found to be composed of elongated corpuscles, quite granular, but without distinct nucleoli, free, or so closely packed together as to give an almost fibrous appearance to the part. They resembled those represented in *Paget's Surgical Pathology*, Fig. 61 (Am. Edition). In the deeper seated and more fibrous portions the tissue had a decidedly fibrous appearance, but, on the addition of acetic acid, numerous elongated nuclei became visible. The microscopic characters of the small masses in the lungs were similar to those last described.

Specimens from the growth were also examined by Drs. Shaw and White, who arrived at the same conclusion.

The right pleural cavity contained a pint of serum. The lung was considerably smaller than usual.

The pericardium contained about four ounces of serum. The heart was very flaccid, but not, in other respects, remarkable.

In the peritoneal cavity were from two to three pints of serum.

In the anterior wall of the body of the uterus was a fibrous tumor as large as a pea. Nothing peculiar was noticed upon the inner surface.

The left ovary was converted into a single cyst, about six inches in diameter, with thin, bluish, vascular walls, and filled with a brownish liquid. In the right ovary were quite a number of cysts from three to four lines in diameter. The other organs were healthy.

The microscopic examination proved that the growth in the left pleural cavity was one to which Bennett has given the name fibro-nucleated. Paget adopts the term, and speaks of the disease as being "of so rare occurrence that we cannot as yet be sure of many things concerning it." Rokitansky describes and figures the same in his last German edition, under the head of "*Carcinoma fasciculatum.*" He pronounces it a rare disease, usually affecting the female breast, but

he has also met with it in the ovary, rectum, subcutaneous cellular tissue, and once in most of the organs, after the extirpation of a similar growth from the thigh.

Dr. Bowditch remarked that the case was one of the most interesting he had ever seen. The rational and physical signs were entirely those of chronic effusion into the chest. The whole of the left side of the thorax was uniformly and evenly distended from the summit to the base, and perfectly flat and inelastic on percussion. The respiratory murmur was absent everywhere, and the heart dislocated to the right of the sternum. There was nowhere on the surface of the body any malignant tumor perceptible. Dr. B. had not the least doubt that there was an immense amount of effusion, which caused the great, as usual, dyspnœa, lividity of countenance, &c. He made three punctures with the *exploratory trocar*, viz., behind, at the side, and in front. A drop of serum came from the last, but only a few drops of blood from the others. The patient suffered no pain, and, in fact, seemed brighter after the operation than before, but sunk within twenty-four hours. The interesting points in the case were the entire impossibility of deciding, from the physical signs, that the tumor, found after death, really existed; 2d, the evident ease with which three punctures were borne by the patient. Dr. B. had observed this result on previous occasions in other patients when no fluid was obtained. The patients never felt worse, but were *rather brighter* after than before the operation.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 1, 1858.

PROFESSIONAL ETIQUETTE AND DEPORTMENT.

Nothing should be more scrupulously cherished by the members of our profession, than the observances of that etiquette acknowledged by common consent to be indispensable as a bond of brotherhood, a guaranty of justice, a tribute to courtesy and kindly feeling. Generally speaking, the more eminent and successful a practitioner is, the more scrupulous he is observed to be in his relations with other physicians. The obligations of the Christian religion, no less than the plain dictates of universal custom, bind the physician to such a course. Besides this, we hope there is a vast majority of our great army which is actuated by those social instincts and generous impulses which repel alike the selfishness and the injustice which unfortunately actuate many in every community.

That there are questions difficult to answer, relative to certain points in the intercourse of physicians, there is no doubt. Usually, the heart is the best court of appeal and adjudication in these cases. No upright man will knowingly do his brother practitioner wrong; and no gentleman will sneak into the place and business which properly belong to another.

We have lately had our attention called to a matter deemed one in which "professional etiquette" is concerned; and we are willing to concede that there is ground for much uncomfortable feeling in that

and in similar cases. In our issue for March 11th, 1858, a communication relative to the subject appears, from "Omega," in regard to which we may, not inappropriately, make a few remarks. "Dr. M." whilst in attendance upon a patient, is desired to call in a practitioner in consultation; he does so, selecting "Dr. T." The consultation held, and the opinions of the two physicians as to the management of the case being identical, the consulted physician takes "his hat" and his leave, "politely bowing himself out." So far, so good, says "Dr. M."; *but*, at the end of five days, he is dimissed and "Dr. T." is installed physician in charge.

Such are the facts, as we have received them. We can easily imagine that Dr. M.'s chagrin may have been extreme. Conscious of doing his duty, we conclude, to the best of his ability, and having his treatment of the patient ratified by the physician he had himself selected, it was certainly very hard to find himself supplanted by the latter gentleman. But we can tell Dr. M. that precisely the same thing happens, not infrequently, in this neighborhood. This may be some consolation to him, and it may not, but it is true. Now, in such circumstances, there are two or three lights in which to look at the matter. First, of the patient and his friends. They have an undoubted *right* to change their physician if they choose. They should, we think, weigh the thing well before they act; and they have several points to consider. The advantage of the patient is one of the most prominent. If the case be a very alarming one, it is natural that the best advice should be desired, and if the consulted physician be especially devoted to the class of diseases under which the patient is laboring, the friends may deem it their duty to request him to remain in attendance. To be sure, if he have agreed with the previous medical attendant, there is less reason for them to desire the new arrangement; but still it is human nature, and very likely the attending physician would feel similarly inclined, were his own wife or child the patient.

The family, we think, ought to consider, also, whether it is really necessary to dismiss a physician in whose measures the consulted practitioner fully agrees, and who can readily have (as in a city) the benefit of daily conversations with the latter. Such circumstances make a vast difference, and will be duly estimated by those who respect the feelings and reputation of a faithful physician, who is confessedly managing his patient aright. But, although this be true, many persons cannot see or choose to ignore it, and, as we before said, they have a right to change their medical attendant, however well he may be conducting the case. Often, they may run a certain amount of risk in doing so, but the responsibility is their own; and this brings us to the second point for consideration, viz., the duty, and the policy indeed, of the attending physician. Upon an intimation that his services are to be dispensed with in favor of another, even of one whom he had himself called in to advise in the case, his obvious course is, courteously, quietly, and in a dignified manner, to take his leave. His pride and a true self-respect should lead him to repress the slightest demonstration of pique, mortification or anger. We knew a case of this nature not long since, in which the circumstances were almost precisely similar to those related by our correspondent. The announcement, however, very cruelly as we think, was left to be made to the physician in attendance by the invalid himself, then near his end, and totally unfit to encounter the agitation into which the communication

threw him. Impelled to the above course by the solicitations of his family and friends, he, with tears and much feeling, declared their wishes. The physician gave way to the consultee, called in some time previously by himself—and his chief regret was that the last two or three days of his patient's life should have been disturbed by a scene which his friends might have spared him by taking the task upon themselves.

Thirdly, the consulted physician has his part to play. There are those who would decline taking the sole charge of a patient under such circumstances as we have set forth; and we confess that our own feelings would prompt us to such a course, were we so situated, especially if the attending physician not only called us in consultation, but was also perfectly competent to take care of the patient, could have daily communication with us, and was an old acquaintance and friend. On the other hand, many will decide that the consulted physician, in such an emergency, has no choice—he is bound to take charge of the case if requested to do so, without any regard to the fact of necessity therefor existing or not, or to the feelings of his friend and associate. This is a question of medical ethics about which there have been very decided expressions of opinion on both sides. Whilst we believe that it may generally be left to the conscience of the consulted physician to determine his course, we think that the welfare of the patient should be the paramount object in view; and if he, or his friends for him, decide that the change should be made, it is better that it should. Without it, in such a state of feeling as would exist, the chances are that the patient would suffer. Moreover, the attending physician must have very little self-respect if he could even *wish* to remain in charge, and still less wisdom, should he be loud in complaint at the usage he receives. It is better to bear the infliction in silence, in the enjoyment of the *mens sibi conscia recti*. Where there is no blame deserved, there surely need be no regret. We should suppose it must be far harder for the consulted physician to assume, than for the consulting to resign, the charge of such a case. The question for the former *should* be one of duty only—let us hope it is so frequently, it is scarcely to be presumed that it is so always—physicians must not expect an Elysium upon earth.

A few words may not be out of place relative to the effect of *deportment* in the sick-room. Undoubtedly a polite, considerate and attentive manner enlists the hearts of patients and their friends, and wins their adherence much more readily and surely than the bluntness, carelessness or slovenliness which is often wrongly supposed to indicate the possession of an unusual amount of capability in the person manifesting it. Indeed, the latter mistaken idea has not infrequently led very well-meaning, but somewhat thick-headed doctors to assume an eccentricity (as they understood it) which ill befitted them. Abernethys are rare, we opine: and not many can safely venture to swear and bully like a Danforth. Physicians generally find themselves best received in good society, when they conform to the manners recognized as characteristic thereof. A lady who is ill, surely needs gentlemanlike treatment as well as medical advice, and clean linen upon those who enter the sick-room must be vastly more agreeable than its opposite. All invalids, of whatever class, turn at once with more confidence to the gentle and courteous practitioner, than to the coarse, loud-voiced, heavy-footed, and constantly expectorating, albeit very excellent one.

Kind, considerate and courteous manners imply no lack of firmness in emergency; on the contrary, there is no truer sentiment than that

"The bravest are the tenderest—
The loving are the daring."

City Registrar's Report.—We have received the Annual Report of the Births, Marriages and Deaths in the city of Boston for the year 1857, which shows a gratifying improvement in our hygienic condition. The number of births recorded during the year was 5,881, being 41 less than during the previous year. The number of deaths registered is 3,958, being 295 less than the number recorded in 1856. Estimating the population of the city at the present time at 170,000, the mortality of the present year appears as 1 in 42.95. In 1856 the ratio was 1 in 39. This favorable state of things is ascribed by the Registrar to the excellence of the sanitary police of Boston. The average age of those who died is 20.91 years, more than a year above the average in 1856. The difference between the average ages of foreign and native born males is 8 years in favor of the latter; in the case of females, the native born have an average of nearly 12 years over the foreigners. The mortality among children of foreign parents is three times greater than among those of native parentage. The mortality from consumption amounts to 19.30 per cent. of all the deaths, 62.24 of those dying of this disease being foreigners. The number of deaths from scarlatina, which has prevailed as an epidemic since March, 1856, was 403. Did our space allow, we would gladly quote other interesting results from the Report, which reflects much credit upon Mr. Apollonio, the City Registrar.

Longevity in Massachusetts.—We find, among the deaths recorded in the Boston *Courier* for Tuesday last, the names of 25 individuals who died in this State. Of these, 4 only were under 50 years of age; 2 were between 50 and 60; 2 between 60 and 70; 11 were between 70 and 80; and 6 were over 80 years old. The oldest person was 88. The age of the youngest was 16 months. Their united ages amounted to 1645 years, being an average of $65\frac{4}{5}$ years to each one.

Health of the City.—The mortality of our city, which for a few weeks past has been rather large, seems to have subsided into its usual moderate proportions. Last week 68 deaths were recorded, being a falling off of 22 from the preceding week. There were 11 deaths only from consumption, 9 from pneumonia, and 5 from scarlatina. Among the deaths were those of 17 persons above the age of 60 years, including one male of 90, and one female of 92. The total number for the corresponding week of 1857 was 68, of which 13 were from consumption, 3 from pneumonia, and 9 from scarlatina.

Married,—In this city, March 9th, William W. Hebbard, M.D., of Boston, to Miss Mary T. Fogg, of Rockland, Me.—At Waltham, March 10th, Dr. Charles G. Corey, of Jaffrey, N. H., to Miss Susan M. Marshall, of Fitchburg.

Died,—At Wareham, March 23d, Dr. Peter Mackie, 72 years, 10 mos.

Deaths in Boston for the week ending Saturday noon, March 27th, 68. Males, 39—Females, 29.—Abscess, 1—apoplexy, 1—asthma, 1—anæmia, 1—inflammation of the brain, 2—consumption, 11—convulsions, 1—croup, 1—catalepsy, 1—colic, 1—dysentery, 1—dropsy, 1—dropsy in the head, 1—debility, 1—infantile diseases, 6—erysipelas, 1—scarlet fever, 5—disease of the heart, 4—intemperance, 1—inflammation of the lungs, 9—disease of the liver, 1—marasmus, 2—measles, 2—old age, 7—palsy, 1—scrofula, 1—teething, 2—tumor in stomach, 1—whooping cough, 1.

Under 5 years, 22—between 5 and 20 years, 10—between 20 and 40 years, 10—between 40 and 60 years, 9—above 60 years, 17. Born in the United States, 49—Ireland, 16—other places, 3.

Jefferson Medical College, Philadelphia.—The *Atlanta* (Geo.) *Medical and Surgical Journal* gives the following statistics respecting the students at the late session of this Medical College:—"It has a list of 501 students, of whom 126 are from Pennsylvania; 74 from Virginia; 34, North Carolina; 30, Georgia; 25, Mississippi; 26, Kentucky; 25, Alabama; 18, South Carolina; 16, New Jersey; 14, Tennessee; 13, Ohio; 12, Indiana; 10, Maryland, and smaller numbers from other States. Of the whole number, 18 are from New England; 150 from New York, New Jersey and Pennsylvania; 279 from the Southern States; 36 from the free States of the West; or 204 from the North—279 from the South."

New York Eye Infirmary.—From the thirty-seventh annual report of this institution, just published, it appears that during the past year, 3,466 patients, suffering from various diseases of the eye and ear, have been prescribed for in the institution. Of these patients, 1,986 were foreigners, and 1,480 natives. The surgeon says:—"The receipts of the institution for 1857, were, from the State Legislature, $1,000; and from the City Corporation, $250. The expenses were $3,007 58; balance due the Treasurer, $1,757 58."

Starling Medical College, Columbus, Ohio.—The Annual Commencement was held March 2d—the Commencement Address by Hon. R. Warden, and the Valedictory by Prof. J. W. Hamilton. The graduating class numbered ten. The degree of M.D. was also conferred upon Hon. B. C. Blackburn, of Tuscarawas Co., Ohio, and Hon. J. M. Stout, of Monroe Co., Ohio.

Medical College of South Carolina, at Charleston.—From the published Catalogue of Students in this Institution for the Session of 1857–'58, it appears that the whole number was 216. Of these, there were from South Carolina, 139; North Carolina, 19; Alabama, 24; Mississippi, 12; Florida, 10; Georgia, 7, &c.

Walworth County Medical Society.—This Society met in Delavan, Wis., on the 25th of February. Dr. D. C. Roundy, President, was in the chair. Dr. Blanchard reported a Fee Bill, which was referred to a committee to revise and report at the next meeting. Dr. Reynolds offered the following resolution, which was unanimously adopted:—

"*Resolved*, That we believe a very large proportion of human misery, including poverty, disease and crime, is induced by the use of intoxicating drinks as a beverage, and the most perfect health is compatible with total abstinence from all drinks as beverages, whether in the form of distilled or fermented spirits, and we believe persons accustomed to the use of such drinks, may with perfect safety discontinue them entirely; that the total and universal abstinence from alcoholic beverages of all kinds, would greatly contribute to the *health*, the *prosperity*, the *morality*, the *longevity*, and the *happiness* of the human race."

There are thirty-eight lunatic asylums in the United States, and two in the British Provinces, now in active operation, a report of whose proceedings is published from year to year; besides one in Quebec and one in Georgia, from which no reports are known to have been sent out.

Test for detecting the presence of Corrosive Sublimate in Calomel.—The purity of calomel is of such importance that we think it worth while to point out to practitioners a very simple means of ascertaining if the medicine contains corrosive sublimate or not. The formula of M. Marchandier, is, Iodide of potassium, 2 grains; distilled water, 2 1-2 drachms. About ten grains of the calomel is to be made into a paste with one or two drops of the solution, on a plate of glass. If the calomel is pure, it takes a green color; but if it contain so much as a thousandth part of the bichloride, red spots will be formed.

Medical Miscellany.—The number of pupils in the Tennessee Institute for the instruction of the Blind last year, was 26.—Dr. William Turner, of New York, known of late years as a leader in what is called the chrono-thermal system of medical practice, died lately in that city.—The number of pupils in the Tennessee Institute for the Instruction of the Blind, last year, was 26.—Lewis H. Steiner, M.D., of Baltimore, has become Assistant Editor of the American Medical Monthly, of New York—Drs. Parker and Douglas being Editors and Proprietors.—A Society was organized in Aurora, Ill., on the 16th of January, to be called "The Aurora City Medical Society" meetings to be held the first Monday of each month.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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CONSULTATION WITH HOMŒOPATHISTS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—In your Journal of the 11th inst. you have an editorial article on "Consultation with Homœopathists." As I do not entirely agree with you, I beg leave to offer a few remarks on the subject for insertion in your valuable periodical.

You do not bring the principles of Homœopathy into consideration. I do not come to you as a supporter of those principles. You cannot think them more absurd than I do. But you express a most decided opinion against consultation with Homœopathists. Who are the parties? On the one side stand *we;* we, who are not of the sect denounced, and who are denominated, very unjustly, Allopathists by that sect. On the other side stand this modern sect, who are, I presume, in a small minority in Massachusetts. We are the largest and strongest party. That alone cannot constitute a reason for regarding the other party as unworthy our respect, as unworthy even of common civility. I infer from your article that you object to them on account of their opinions; on account of the principles which guide them in the treatment of disease. There may, or may not be other objections, which apply to individuals of the sect; but not such as necessarily apply to all.

You object, then, to consultations between those whom you regard as regular physicians, and Homœopathists, on account of the principles and practice which characterize the latter. You even think that the regular physician *cannot* consult with Homœopathists. This is not because they are not *regular* physicians, I suppose, using the term *regular* in its common sense as applied to physicians in Massachusetts. With us, all Fellows of our State Medical Society are regular physicians; and in your remarks you have, I presume, reference to those Homœopathists only who are Fellows of that Society. With those who are not so, we cannot, of course, consult within our State, as our By-laws forbid this. Your objection, then, to the Homœopathists is founded solely on the opinions which they maintain.

Now, my friends, I object to the proscription of one party by another merely on account of a difference in opinion. We get into parties on other subjects; for instance, on politics, and on religion. Is it wise that parties on any of these subjects should array themselves in a hostile manner against each other? In all these cases, oppose the doctrines which you think erroneous by fair argument, and urge your own opinions with all due earnestness, and occasionally even with warmth. But let your opposition be to the doctrines which you regard as heretical, not to the doctors who maintain them. As soon as you do this, as soon you treat with indignity the members of other sects, you cease to be philosophers; you cease to be the lovers of and seekers for truth. In such cases you cannot tell to what lengths you may be carried. Have not men, calling themselves Christians, and contending on each side for what they regarded as the true faith, become so heated by religious controversy as to bring the faggot and the sword to decide between them? Should not this teach you to beware of intolerance?

But you say that the regular physician *cannot* consult with the Homœopathist. I say that the two can consult with each other; but that, if each is decided in his opinions, it is idle for them to consult in regard to *the medicinal treatment.* If, therefore, my patient asks me, as I am not a Homœopathist, to admit one, who is so, to visit him in consultation, I refuse to comply with his request. In such a case, however, I offer to retire, and to deliver the patient into the hands of the new sect. I remember two instances, in which I have done this, within twenty years. The physicians to whom I yielded were my friends, honest and honorable men; one of them had been my pupil and my patient. I lost some fees, which I mention as a set-off against your suggestion that the fear of such loss may sometimes incline a *regular* to consent to a consultation with one of the obnoxious sect. You will understand that I did not object to the consultation in these cases, because I held myself to be in any respect superior to the other parties. But the patients wished to see a Homœopathist, from a belief that his mode of practice was better than mine. I knew that I should not consent to adopt his practice; and, therefore, I yielded the patients, and avoided controversies in the ante-room. I state all this, because what I did was founded on deliberation, and on principles to which I still adhere.

It is another case when a patient is under the care of a Homœopathist, and you or I are invited to consult with him. In that case the disciple of Hahnemann might refuse to admit me, for the same reasons on which I should refuse to admit him in consultation. This is just what has happened as to myself, and in more than one instance the attending physician has treated me with great civility. He has retired and taken pains to make me acquainted with the history of the patient whom he has surrendered.

But there are subdivisions in all large sects, or parties. Among the *Friends*, called Quakers, we hear of *wet* Quakers; those, I suppose, in whom some of the starch has been washed out. In like manner there are Homœopathists, who do not adhere strictly to the rules for the administration of remedies, implied in their name, and who do not confine themselves to the infinitesimal doses, though they may never use the heavy clubs of the Herculean practitioners. Perhaps you are ready to decry these half-way men, and to suspect their sincerity. I do not wish to discuss that matter; it would take up too much time and space. But I am very far from agreeing with you that these *liberal* Homœopathists are, all of them, insincere; though I suspect some of them are so.

But now, if asked to consult with one of these liberal men in respect to his patient, should you feel bound to refuse the honor, or the profit; or would you refuse to perform an act of humanity, if you supposed that you could aid in relieving a sufferer, perhaps in saving his life? Would you wreak your vengeance not only on the physician, who differed from you in his ordinary practice, but also on the patient, who had had the temerity to prefer him to you in the first instance? If you are so certainly in the right—so *righteous;* and if the other, who has been unrighteous, now consents to take your advice in behalf of a suffering fellow-man, will you refuse to give it to him? I mistake you, my friends, altogether, if such would be your course. It has not been mine; and I shall not alter my course, whatever the obloquy to which it may subject me.

But you say that here there is not a consultation, but a dictation, on the part of the regular who is called in. As I will not dispute about words, let it be granted that this is true in some measure. It would be true as to the medicinal agents employed. But I need not point out to you that, at the present day especially, the medicinal treatment is oftentimes, and especially in chronic diseases, the least important part of the prescription of the experienced physician. It is on the hygienic part of the treatment, on the diet and regimen, that we place our greatest reliance in most chronic diseases, and it is the same in acute diseases at the late period when a consultation is most commonly asked for. Now on these points there is no difficulty as to a consultation with Homœopathists. They professedly give attention to this important branch of treatment. Their opinions on any particular occasion might not accord with yours, or with mine. But this may happen also in a consultation between you and me, or any two physicians whom you may call regular. Not only so; it often happens that at a consultation between two, whom you would call *regulars*, the consulting physician advises an entire change in the medicinal treatment, and this is adopted at once. Here there is a *dictation*, as much as if a Homœopathist had been a party.

A meeting of physicians who differ in their views of disease and

their modes of treatment is not a new thing. There have always been differences more or less among medical men. At the beginning of this century there were, in these United States, the Brunonians and the Rushites. These parties agreed in viewing diseases under the simplest of characters; both considered that disease differed from health in being a state of activity and sensation above, or below, that of health. But Brown thought that disease was almost invariably a state of depression below that of health, and hence he almost invariably directed beef and brandy for his patients. Rush viewed disease as almost always a state higher than that of health; hence his object was to diminish the activity in the functions of the living body; for which purpose he resorted to evacuations, and especially to bloodletting, in a large proportion of the cases committed to his charge.

There existed then, as there does now, a set, but not a sect of physicians, whom I will call Hippocratics. These followed the great Father of Medicine, Hippocrates, in a reliance on observation and experience. I think that you, as well as I, claim to be of this party. Now this party did not quarrel with the Brunonians, nor with the Rushites. They opposed their opinions on the subjects of pathology and therapeutics; but they met the men in consultation and enforced their own opinions, as much as they could. Each of the two sects above named might have been bound together by outside pressure, and many individuals have been induced to adhere to the doctrines of their sect with obstinacy. But as a mutual intercourse was maintained, there has taken place gradually a fusion of the different opinions and practices, and the party lines have been forgotten.

I will not try to keep out of sight what I know to be said very often by those whom you regard as regular physicians, viz., that the Homœopathists are, many of them, insincere; that they enlist under the party flag, hoping to gain business in that way, which they had failed to obtain when mingled with the more numerous body of regulars; and that, while received by patients as belonging to the new sect, they avail themselves of the same powerful remedies which we employ, and in full doses. From what I have heard, and in some measure from what I have seen, I suspect that there is some ground for these charges. But I must think that such instances are the exceptions, and that the great body of Homœopathists are as sincere and as honest as their neighbors. So that I am led to repeat, what I have before intimated, that party feeling has led us to charge to the whole body of the disciples of Hahnemann what is true of only a small part of them. At any rate, let me beg that we may be careful not to speak too ill of our neighbors; to let them have a fair chance; to accept any knowledge we can derive from them; and to aid them, when they will let us, in any way in which our practice is better than theirs.

As one of the old ones, I thank you for the courtesy and respect

which you show towards age. You show, however, that you love truth first of all, and most of all. I agree with you entirely in that respect. I ask you to join me only so far as my views seem to be well founded. I am your faithful friend,

Boston, March 29th, 1858. SENEX.

PUNCTURES IN A CASE OF ANASARCA AND ASCITES, THE FINALE OF TUBERCULOUS CONSUMPTION.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

AFTER a protracted illness of more than two years, in which most of the truly distressing symptoms of consumption were present, there supervened, toward the apparent close of the disease, symptoms of dropsy, of the inferior extremities first, and subsequently of the abdomen. The prominent symptoms, during the course of the disease, were—excessive cough, purulent expectoration, diarrhœa, night sweats, loss of appetite, and great prostration of strength, with emaciation. All of the physical signs common to the last stage of tuberculous consumption, were clearly defined, although the constitutional signs were so evidently marked that it was scarcely necessary to resort to them for confirmation. To give an idea of the almost utter hopelessness of the case, I will state the condition in which he was at my first visit, some sixteen months since, and his remarks upon my entering his room. Constant cough, great emaciation, an uncontrollable diarrhœa, total loss of appetite, inability to sleep, with profuse night sweats. Added to these, was his first salutation, that he had not sent for me in the hope, or belief, that I could do him any permanent good, but solely to try and afford him some relief or comfort during the short time he felt he had to live. The prospect of being able to afford relief appeared small, and was rendered still more so, by the absence of hope, one of the most deplorable conditions to which a patient in any disease can be reduced.

Notwithstanding such an unfavorable beginning, by the blessing of Providence I was enabled to convince him that possibly there were means to be used by which his present condition might be ameliorated. The various remedies employed, I was happy to find, did produce the desired effect, so that in conjunction with appropriate nourishment and drink, his general condition gradually improved. Without fatiguing by a detailed statement of the different remedies employed, principally of a tonic character, it will be sufficient to state that the diarrhœa was arrested, the cough decreased, the appetite improved, the night sweats lessened and disappeared, and that finally, after many weeks, he was so far improved that he conceived, and carried out, the idea of taking a

trip to Rio de Janeiro, or Buenos Ayres, in the hope that, now being partially rëestablished, the sea air might perfect that which the remedies, or course pursued, had begun. Although I could not advise the voyage, I did not object to it, and upon his sailing, he was provided with full directions for his guidance, not forgetting such remedies as might be required, and a good supply of proper articles of diet and drink. Certainly, I could not entertain a hope of ever seeing my patient again; how great, then, was my surprise when, at the end of about five months, I found a message from him on my slate, I being out of town, stating that he had improved, and was in one of the Western States, on his way home. That was supposed to be the last I should hear of him, but in the month of November I was again surprised upon receiving a message to call on him. I found him decidedly improved, as far as the ability to move about was concerned. There were no night sweats, his appetite and digestion were good, and the bowels in good order. His diet consisted of every article which he found to agree. For many weeks he continued in the same condition, the cough and expectoration being frequent, and of a purulent character; these, together with the physical signs, demonstrating the disease to have been merely kept at bay. Until the last few weeks, he had been able to walk and ride daily; more than once he went to the theatre, and did other things which I could not approve of, but which could not be prevented. About this time, symptoms of anasarca showed themselves, and finally those of ascites were developed, and gradually increased, until he was forced to keep his room. For some time the cough had been more frequent, the expectoration more copious, and all of the symptoms were most unfavorable, particularly, as notwithstanding the quantity of food and drinks taken and digested, his general strength and flesh were daily wasting. This condition, in my opinion, was justly to be attributed to the direct, though secret, influence of the tuberculous diathesis. The effusion into the limbs and abdomen now daily increased, to the extent of causing want of sleep, difficulty of respiration, and general discomfort day and night. For several days, I had suggested that, possibly, a few punctures in the lower part of the limbs might afford temporary relief, and at last he requested them to be made, the abdomen and legs having become very much distended and tense. I made six punctures in each limb, not very deep, with a thumb lancet, when the serum at once began to flow quite freely. Upon making my visit the next day, how great was my surprise to find that all of the fluid had vanished from the abdomen and every part of the limbs, with the exception of that part of the feet above the puncture, the heels resting on the pillow. The friends observed that, for some time after my departure, the fluid escaped in a continuous stream, and they judged that not less than four gallons had run off; and when I remembered the great size of the parts from which it had escaped, I really think that quantity was

below the true amount. During the night, a feeling of sinking, or great prostration, was complained of, requiring the use of a considerable amount of brandy. For several days there was a constant oozing of serum, which was being secreted during the time, for, as soon as the flow ceased, from the union of the punctures, there was observed a gradual increase of the swelling in the limbs, but not yet in the abdomen.

Obliged in several cases of anasarca, the result of different diseases, in the patients in my wards, to resort to punctures for the purpose of relief from distension, repeating the operation daily, with more numerous punctures, without in any one instance having more than a small quantity to ooze out, generally with advantage, there never having been any inconvenience resulting—I must confess that the result in this case, in less than twenty-four hours, did cause me great astonishment. It is possible that similar cases may have been witnessed by others: yet as an interesting fact, capable of causing inquiry as to the possibility and propriety of trying the same means for similar effects, in some cases of anasarca and ascites, from whatever cause, in my opinion this case is deserving of the notice of the profession. It is now more than two weeks since the operation, and several times there has been a necessity for repeating the punctures, to prevent the renewal of the enlargement of the limbs and consequent discomfort. It affords me pleasure to state that the desired effect has resulted, the abdomen remaining perfectly free from fluid, and the accumulation in the limbs thus far prevented.

So satisfied has the patient been with the actual relief afforded, that he has several times requested a few punctures to be made, when otherwise I should not have considered it necessary.

The general condition of the patient continues, from day to day, much the same, while efforts are made to induce him to partake as freely as possible of nourishment and brandy, and he is allowed to choose for himself what he prefers. Only such medicine is suggested as may be required to soothe the cough, and support, if not increase, his strength, for the sole reason that while life exists, it belongs not to man to set any limit to the power of the Arbiter of life and death, nor to cease his exertions because the case may seem to be hopeless.

The main object of these remarks having been accomplished, it is deemed needless, or at least of no practical value, to continue the history of the case.

CASE OF MALIGNANT GROWTHS WITHIN THE THORAX.

BY G. W. GARLAND, M.D., LAWRENCE, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

F. B. P., aged 39, consulted me in regard to his health, January 20th, 1858, when he informed me that he had had paroxysms of

asthma ever since he was a small boy, which had always, with a few exceptions, passed off in a very few days. He had usually been able to attend to active and even laborious occupations. On coming up one flight of stairs to my office, his lips were bluish, and his respiration rapid and wheezing. He had a hard, dry cough, very much aggravated by exercise. After being seated a few moments, his breathing improved, the blue color left his lips, and he conversed with ease and seemed cheerful. His appetite was not as good as usual; he had acidity of stomach, and costiveness. His strength had failed a little, and his *asthma*, as he termed it, had been getting worse for several weeks.

. The chest sounded everywhere very well, but was thought a little dull. The sound of respiration was the same in either lung, and decidedly bronchial. What was thought to be dry sibilous ronchus was heard over all parts of the chest. The chest was somewhat rounded in front. The heart yielded a feeble impulse and sound to auscultation, but was normal in every other particular, while the patient was at rest. Pulse 84 and firm. On bending forward, his face would become flushed with a bluish hue, and his breathing become oppressed. This would all immediately disappear on his assuming the erect position. He could lie on either side, or on the back, but for a few weeks had had increased dyspnœa on first taking the horizontal position. He continued at his business as ticket master at a depot for two weeks after this time, when the dyspnœa became so great, on even moderate exercise, as to confine him to his house. I should here state that Mr. P. was a spare man, very active, of nervous temperament, and at the time of my first examination did not exhibit the slightest symptom of cachexia.

Feb. 3d.—The chest yielded to percussion and auscultation the same uniform sound over its entire surface, yet the sound by percussion was duller than on the 20th of January. Respiration still dry and wheezing.

10th.—The dyspnœa is now constant, whether sitting or reclining, and much increased by the slightest effort to change position. His inspirations were sudden and very forcible, while expiration was prolonged, yet seemed forced by muscular action, as if the passive fall of the chest was not enough to force the air from the lungs.

15th.—But little change; hands look bloated, but do not pit on pressure.

20th.—Dyspnœa extreme. Superior extremities, face, and chest down to the waist, œdematous. Unable to lie with quietness, except upon the right side. Right chest duller than left. Effusion suspected. Slight expectoration of a peculiar yellowish adhesive sputa, not very unlike what is seen in cases of pneumonia, and yet not like it.

26th.—Seen at 5, A.M. Dyspnœa very great indeed. Orthop-

nœa since 2 o'clock at night. Uvula elongated and very œdematous. Hands much bloated and bluish. Pulse 100.

The patient was seen by Dr. Henry I. Bowditch, of Boston, at half past three, P.M., who has since kindly furnished me with a copy of his notes, taken at the time in his note-book, which I transcribe with pleasure.

"I learned that for several months Mr. P. had had severe cough on exertion, with little or no expectoration. He had suffered from gradually increasing dyspnœa, and finally severe orthopnœa. There had been a tendency to fulness about the head and face, on bending forward, as if the veins became obstructed. No marked palpitation or other cardiac symptom. At my visit, he presented the appearance of one suffering from the intensest dyspnœa, which was constant, and much aggravated by motion. During my examination, he raised, with great difficulty, one small, very adhesive, peculiar, greenish-yellow sputum. By its small amount and peculiar color, it reminded me of another case, which was found to be malignant. His breathing, though very difficult, was not croupy, nor asthmatic nor cardiac, but rather as if there were some obstacle below the trachea to the free entrance of air. *Physical signs.*—The upper part of the thorax in front was manifestly rounded outward, and very different from what is seen in phthisis. On percussion, the right breast had a wooden sound, and in this same part the respiratory murmur was less distinct than elsewhere in the lungs. Everywhere else was heard a wheezing. No cracklings or cavernous sounds. In both backs the murmur was wheezing, but alike. The cardiac sounds and impulse seemed obscure, but not positively morbid. Uvula, œdematous. The epiglottis did not appear diseased.

"From the peculiar rational symptoms, viz., gradually increasing dyspnœa, hard cough, with but little expectoration, and that of a peculiar color and adhesive nature, and from the absence of cardiac disease, I was led to expect some malignant growth. The physical signs, viz., the prominence, the wooden sound, the lessened murmur, and the absence of the physical signs of advanced phthisis, confirmed my diagnosis, viz.: probably malignant disease, involving and obstructing chiefly the upper lobe of the right lung. Prognosis—soon a fatal result."

In the evening of the 26th, after a free inhalation of ether, the patient was placed upon the bed on his right side, where he remained until March 2d, when death relieved him of the most intense suffering.

Post-mortem examination, 12 hours after death.—On dissecting back the integuments to make way for the removal of the sternum, a flat scirrhous formation, of the size of a half dollar, and several lines in thickness, was noticed between and upon the second and third ribs of the left chest. Beneath the sternum and adherent to it, and to the cartilages of all the true ribs, there was a scirrhous tumor or formation, eight inches in length, four inches in width,

and two inches thick, in what might be termed its body. It was very irregular in shape, branching and lobulated in various directions. All traces of the mediastinum were obliterated. The arch of the aorta, the innominata, and the descending cava, were literally packed in the scirrhous formation. The bronchial passage to the middle lobe of the right lung was completely obstructed, and the lobe wholly collapsed, and did not contain one particle of air. The pulmonary arteries were also imbedded in the mass. The valves of the heart were healthy, but the walls of both right and left ventricles were very thick and firm. No wonder, when we see the work it had to perform. Upon the apex of the heart was found a scirrhous growth, somewhat bedded in the muscle, larger than a half dollar, and one half inch thick. The pericardium adhered to the left half of the heart quite firmly. There was also a large tumor lodged in or against the bifurcation of the trachea, pressing more upon the right branch than the left. This was kidney-shaped, and two thirds as large as the kidney of an adult person. The right chest contained nearly three pints of serum, which coagulated spontaneously on exposure to the air. No effusion into the pericardium, or left chest. Several old adhesions were noticed between the pleura and lungs. Liver and kidneys quite healthy. As there were no marks of pleuritic inflammation, it was inferred that the effusion into the thorax was produced by the same cause as the œdema of the superior extremities, &c., as there was not the slightest swelling of the inferior extremities.

This case, it will be seen, presents some peculiar features. First, the tendency of previous asthma to divert the attention; secondly, the almost total absence of pain, loss of flesh and cachexia so common in malignant diseases; thirdly, the hidden position of the largest growth, it being exactly beneath the sternum, and extending or projecting equally on either side of it, giving thereby the same sounds on percussion for each chest; fourthly, the uniform noisy, wheezing, bronchial respiration, so markedly changed by motion and position, when no signs of cardiac disease or effusion were present; and fifthly, that no signs, either rational or physical, tended in the least to indicate the nature of present or past disease, except the uncommon circumstance of œdema of the superior extremities; and the total failure of the most active treatment by alteratives, cathartics, blisters, expectorants, &c., to afford any relief. It will be remembered that no symptoms of effusion appeared until the 20th of February, up to which time no difference in the two chests could be detected. Until seen by Dr. Bowditch, it was supposed that there was a tumor or growth at the bifurcation of the trachea, and so stated to the family, but the idea of malignancy did not occur.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Feb. 22d.—*Leucocythæmia.* Dr. C. E. Ware reported a case of leucocythæmia, with enlarged spleen and liver.

The patient was a woman 39 years of age, whose health had never been good since her first confinement, fifteen years previous. Her complexion always wanting in color. Five years since, she first noticed some fulness in the left side of the abdomen. For three years a tumor had been obvious; and for the last two years her health had been constantly failing. There was at times urgent cough, and once or twice slight hæmoptysis. She had also dyspepsia, all her food disagreeing with her. The catamenia was regular until the last three months; since then absent. She had never had jaundice.

Dr. Ware saw her first, three days before her death. She was then extremely emaciated, but up and dressed. Her complexion was perfectly blanched; pulse 130, very feeble; tongue thinly furred, smooth and pale; skin dry; no night sweats; bowels regular; dejections normal in color and character; urine normal in quantity, rather high colored, but not tinged with bile. There was slight œdema of feet, but no other signs of dropsy existed.

The chest presented no marked physical signs of disease. There was not, nor had there been, any enlargement of the lymphatic glands. The abdomen was moderately full, but not tense nor tender. The liver could be made out by touch and percussion, extending about an inch and a half below the ribs, across the epigastrium, and down the left hypochondrium as far as the crest of the ilium; the edge of the tumor, and the fissure between the right and the left lobe, being apparently perfectly well made out. A drop of blood from the arm presented a very great preponderance of white corpuscles.

The patient continued to sink, and died two days afterward, her mind being perfectly clear to the last.

At the autopsy, there were found firm adhesions of both lungs, with cicatrizations, cretaceous matter, and all the appearances of old tubercular disease about the apices of both lungs. Both lungs were quite œdematous.

Into the pericardium there was moderate effusion. The heart was normal; containing a large amount of soft clots and liquid blood. On opening the abdomen, the tumor was found to be composed of the liver and spleen, both enormously enlarged, the spleen weighing 3½ pounds. The liver extended far over to the left side, overlying with its left lobe a considerable portion of the spleen, so as to give to the touch a perfectly uniform surface quite down into the iliac region. It was apparently not altered at all in its texture, being merely hypertrophied—not fatty. The spleen was natural in color, and firm in texture.

Dr. Ware also alluded to another case of leucocythæmia, not apparently splenic, which he reported to the Society at the meeting previous. This occurred in a girl 16 years of age, who had always been in feeble health, and in whom the catamenia had never appeared. When seen, a few weeks before her death, she was perfectly anæmic. She had been failing in health for more than a year, without other evi-

dences of organic disease. The lymphatic glands of the neck were considerably enlarged, but there was no sign of tumor, or of enlargement of any of the organs of the abdomen. There were no signs of thoracic disease. There was moderate œdema of the feet, and a few purple blotches upon the legs. There were no indications of renal disease. About a fortnight before her death she was attacked by diarrhœa, in the course of which there was quite a copious hæmorrhage from the bowels. She died, very suddenly, of hæmorrhage from the stomach, having been much excited and fatigued by moving from one house to another. No autopsy was allowed. But in her case, before her death, the same disproportion was found between the white and red globules, in blood taken from her arm, as in the first case.

Feb. 22d.—*Primary Cancer of the Bladder.* Dr. Hodges showed the specimen and reported the case.

W. S., 49 years old, had had pain in his loins and painful and difficult micturition for about 4 years. At times his urine has been tinged with blood. Gave up work ten months before his death, though for some time previous he had been unfit for it. At this time he complained of intense pain in his fundament and in the end of his penis; the corpora cavernosa were indurated. His urine was passed, with much scalding, every half hour. The stream was occasionally interrupted, was always bloody, and deposited much mucus and glairy matter. Dr. H. sounded him, but found no stone or evidence of fungus. The bladder held about an ounce of water. His condition remained about the same during the succeeding months. His appetite continued, and he rode out within a fortnight of his death. During the last fortnight, however, his urine gradually assumed a chocolate color, became very offensive, and had a grayish purulent deposit mixed with clots of blood. It occasionally passed involuntarily. He had a tender globular tumor in the left hypogastrium; also a tumor bulging into the rectum, almost precluding examination or the introduction of suppositories of morphia, which were his chief source of relief. He began to vomit and hiccough about a week before he died, and nothing had any alleviating effect. For the last four or five days he had a diarrhœa, the passages being involuntary, and occurring whenever he passed his water. An instrument always entered his bladder without encountering any obstacle.

At the autopsy the bladder was found filled with a soft encephaloid mass, which was broken down during removal. The mucous membrane of the bladder was destroyed, except at one point where a surface as large as a silver dollar remained intact. It also existed in its natural state for a distance of three or four lines around the orifice of the urethra. The ureters were dilated, and the fundus of the bladder had formed an adhesion with the rectum that would soon have led to a perforation. The pelves of the kidneys were dilated, and the substance of these viscera was in a state of inflammation. The lumbar glands were enlarged. The other viscera were not remarkable.

March 8th.—*Fragment of Bone in the Urethra. Vesical Calculus.* Dr. J. Mason Warren reported the case.

Dr. W. said that a few weeks since, a young man, 28 years of age, applied to him with an obstruction in the urethra, and a pain at the end of the penis. He had suffered more or less with urinary troubles for some years, but had not been obliged to give much attention to them until within the last two weeks. Some difficulty was encoun-

tered in passing a catheter, from a twist in the urethra, caused by the position of the pelvis—the patient having, in childhood, suffered from a severe hip disease, in the course of which the right femur had become anchylosed with the acetabulum, and now lay diagonally across the perinæum, so as to interfere much with the manipulations of the instrument. Near the neck of the bladder a foreign substance was detected, which appeared to be a bit of bone; and on the patient being interrogated, he said that three years since he had consulted Dr. W. for a fistula in the perinæum, caused, apparently, by the escape of a bit of osseous matter at that point. On inspection, the hip and thigh were studded in every direction with cicatrices, made by the openings for the escape of bone.

After two or three days' treatment the obstruction in the urethra was removed, and the patient relieved. Before returning home, Dr. W. thought it best to explore the bladder with a sound, which at once encountered a very large stone, lying quiet in a sac, in the lower part of the bladder. As the operation was likely to prove a critical one, not only from the size of the stone, but also from the diseased urethra, and the manner in which the femur was fixed across the perinæum, Dr. W. advised the patient to enter the Hospital.

The bladder not being very sensitive, the operation was done, without ether, in the following manner. The pelvis of the patient was elevated by means of the anchylosed femur, which was supported on the shoulder of an assistant. Water being injected, the instrument was passed under the femur into the bladder, some manipulation being necessary to obviate the lateral turn in the urethra. The stone, before being caught, required to be fished up out of the hole in which it was stowed away. It measured about two inches in diameter.

Six operations were required, and the man has just left the Hospital well. The only trouble experienced in the course of the operations was from large bits of stone being twice lodged near the end of the urethra, from which place they were dislodged by breaking them down with the forceps, and removing them piecemeal.

Bibliographical Notices.

Fourth Annual Report of the Inspectors and Superintendent of Rainsford Island Hospital, Boston Harbor. October, 1857. Boston: William White, Printer to the State. 1857. 8vo. Pp. 16.

This Report being made up to the first of October, in accordance with the requirements of an Act of the Legislature, instead of the first of December, as formerly, presents the statistics of ten months only. During this time 655 patients have been admitted, 57 were born, 626 were discharged, and 64 died. The daily average for 1857 was 249. The percentage of mortality was 8. The chief fatal disease was consumption, which caused 23 deaths. There were 4 deaths from syphilis, and from no other disease were there more than 3. When we consider that the inmates of this Hospital are all paupers, the above results are most gratifying, and reflect much credit upon the Superintendent, Dr. J. R. Lothrop.

Fourth Annual Report of the Inspectors of the State Almshouse at Bridgewater, October, 1857. Boston: William White, Printer to the State. 1857. 8vo. Pp. 16.

The number of patients admitted into the Hospital of this institution for the ten months ending October 1, 1857, was 1,275. Discharged well, or greatly improved, 874. Remaining in Hospital, 175. Number of births, 55. Number of deaths, 226, of which 25 were of persons upwards of 75 years of age, and 117 under 5 years. Several of the patients died within a few hours of their entrance. When the wretched condition of the inmates before their entrance is considered, this mortality cannot be considered large. The principal fatal diseases were consumption, which numbered 60 victims, marasmus (25), old age (25), general debility (15), scarlatina (12), and pneumonia (10). Out of over one hundred cases of measles, there were but four deaths. The Hospital is under the excellent management of Dr. G. B. Cogswell.

Fourth Annual Report of the Inspectors of the State Almshouse at Tewksbury, October, 1857. Boston: William White, Printer to the State. 1857. 8vo. Pp. 27.

There has been a considerable reduction in the mortality at this institution during the past year, which is in part attributed by the physician, Dr. J. Brown, to increased ventilation, better heating apparatus, and enlarged cooking arrangements. Dr. Brown refers to the importance of discontinuing the use of alcoholic and vinous liquors, as stimulants in sickness, and is convinced that patients are, on the whole, better off without these remedies. Since the disuse of stimulants, there has been a remarkable diminution in the number of deaths. The number of patients admitted to the hospital during the ten months was 994, the average being 143. The number of deaths was 107, 69 less than during the corresponding months of the preceding year. The number of births was 51. Among the deaths were 21 from consumption, 41 from debility, 8 from hydrocephalus, 8 from marasmus, 6 from typhoid fever. The Inspectors testify to the fidelity and ability of the physician and his assistants.

Plates Illustrative of Wilson on Diseases of the Skin. Fourth Edition. Philadelphia: Blanchard & Lea. 1857. 8vo.

We have already expressed our high appreciation of Mr. Wilson's treatise on Diseases of the Skin. The plates are comprised in a separate volume, which we counsel all those who possess the text to purchase. It is a beautiful specimen of color-printing, and the representations of the various forms of skin disease are as faithful as is possible in plates of the size.

Ethnology of the Negro or Prognathous Race; a Lecture delivered before the New Orleans Academy of Sciences. By Samuel A. Cartwright, M.D. New Orleans: 1858. 8vo. Pp. 15.

This lecture is devoted to a discussion of the physical and mental condition of the Negro, or what the author calls the ethnology of that race, as contrasted with the other varieties of the human species. According to Dr. Cartwright, the negro is only in a normal state when in a state of subjection.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 8, 1858.

MASSACHUSETTS GENERAL HOSPITAL REPORT FOR 1857.

A copy of this Report has been handed to us by Dr. William J. Dale, one of the Board of Trustees; we present a few points of importance, from its details.

The first thing that strikes us, and for which the Committee claim especial notice, is the fact of a very considerable *deficit* accruing during the year; and this is only a continuance of the same occurrence "for a series of years." The Committee recommend that the earnest attention of the Trustees be given to this state of affairs, and say:— "The constant diminution of the property of the Institution, not strictly in trust for especial uses, will inevitably lead—unless a proper and efficient remedy shall be applied—to such a restriction of its charities as cannot be contemplated without the deepest regret by any one cognizant of the noble uses to which its funds have been made subservient."

From the Report of the Superintendent of the Hospital, Capt. Richard Girdler, we learn that 920 patients were admitted during the year 1857; of these, 543 were males and 377 females—56 less than in 1856. Of the entire number, 510 have been discharged well; 59 were much relieved; 136 relieved, and 130 deaths have taken place. The number of patients "discharged cured is larger than in any previous year since the opening of the Hospital."

Referring to one of the Superintendent's tables (Analysis of Patients) we observe that there has been an excess of free patients over those who pay board; there being, in the Male Department, 227 recorded in the latter category to 251 in the former, while 65 paid partial board. Of females, there were 57 paying patients, 229 free, and 21 on the partial payment list. The Superintendent adds that the average time of ward-paying patients is $2\frac{2}{3}$ weeks, whilst that of free patients is 5 weeks. The proportion of ward beds occupied by free patients is "nearly two to one." The circumstance of the longer stay in hospital of free than paying patients, has been before noticed and commented upon by us. Several reasons may combine to produce this result. Thus, the illnesses of the majority of free patients may be more severe; doubtless they often are. They may often enter a hospital in a more enfeebled state than those who have had more comforts; and consequently will respond more tardily to the action of hygienic and remedial means. Lastly, they may convalesce more slowly; in many instances this is indisputably the case, and in the class of people who seek the charities of public medical institutions these elements should all be expected. As an *addendum*, it may often happen that such patients, when well enough to go out, will endeavor to prolong their stay in quarters where they have been so comfortably provided for. Nor will such an endeavor be harshly judged, since many of them must return to toil, hunger, cold, and exposure of various sorts; any such lingering, therefore, must be set down as the most excusable form of malingering which exists. Perhaps, in certain

cases, the kindness of medical officers prolongs the stay of patients thus situated, although to do so often, would be "robbing Peter to pay Paul," since there are always applicants for free beds, so soon as they can be safely vacated by their occupants.

The Report makes mention of the Out-patient Department as having been largely instrumental in benefiting such as are not obliged to sojourn in the building for medical care. The patients in this department are stated to have very signally increased, both in the surgical and medical divisions, according to the report of Dr. Abbot, the Admitting Physician and Physician to Out-patients. A table furnished in the Trustees' account (page 6) exhibits the numbers of this class since 1847. In that year there were 212 surgical and 116 medical out-patients treated at the Hospital; total, 328. In 1856 there were 349 surgical and 538 medical; total, 887. In 1857 we find the surprising increase of 732 surgical and 842 medical; making 1574 in all. Thus the surgical out-patients have more than doubled since 1856, and there is an increase of 304 of the medical; or the total number in 1856 lacks only 200 of being doubled;—a large and responsible duty for the physician in charge, in addition to his other labors.

The Committee refer to the Report, by Dr. L. V. Bell, upon the condition of the McLean Asylum for the Insane. Dr. Bell was called to take the Superintendence of the Asylum, temporarily, on account of the sudden, and finally fatal illness of Dr. Chauncey Booth. In his Report, Dr. Bell gives the usual statistics for the year, and refers with satisfaction to the fact that this Institution, "the oldest of the Northern Institutions for the Insane," continues to have its full supply of inmates, year after year, and even to be crowded, notwithstanding that many other Hospitals for the Insane have arisen, where patients are supported at a lower rate. It is, indeed, a matter for gratification so far as the reputation of the McLean Asylum is concerned, and as such we cannot but rejoice at its popularity and at the palpable evidence of its increasing usefulness; but what a sad commentary is Dr. Bell's remark upon the increase of insanity amongst us! The McLean Asylum crowded "to its full extent of accommodations, year after year," and this whilst several other and larger institutions have by imperative necessity been demanded and built.

In the Asylum, at the beginning of 1857, there were 196 patients; 94 males and 102 females. One hundred and fifty-one have been received during the year—75 males and 66 females; thus there have been 337 patients under care during the year. Of these, 159 have been discharged—80 males and 79 females; leaving, on December 31, 178 in the house—89 of each sex. Thirty-six males and thirty-five females of the "discharged" were regarded as "recovered"; eleven, 5 males and 6 females, were "much improved"; seventeen, 7 males and 10 females, were "improved"; thirty-two, 20 males and 12 females, were "not improved;" twenty-eight, 12 males and 16 females, have died.

Dr. Bell pronounces these results essentially like those of former years, and alludes to the fact that many are prematurely removed from institutions of this sort—so that the results of treatment for such cannot be fully known, nor do they, of course, reap all the benefit the hospital might confer upon them.

Both the Committee of the Trustees, and Dr. Bell, in his Report, allude in terms of high and deserved eulogy to the late lamented Super-

intendent of the McLean Asylum, Dr. Booth. The closing words of Dr. Bell's Report bear testimony alike to the appreciation in which he held his friend and successor in office, and to the deep sense which the latter expressed of the faithful services of his assistants.

The Report terminates with valuable tables of the Admissions, Discharges and Results at the McLean Asylum from its opening, October 6th, 1818.

The names of the officers of the Institution are appended.

CHANGES IN THE MASSACHUSETTS MEDICAL COLLEGE.

An announcement just issued by the Faculty of the Medical Department of Harvard University informs us of important changes which have taken place in our Medical School. The period of instruction, instead of including only the lectures of the four winter months, as heretofore, is to extend throughout the whole year, with the exception of appropriate vacations. In order to carry out this intention, the Tremont Street Medical School, heretofore an institution for private medical instruction, has been merged in the College, and the course will consist of lectures during one portion of the year, and of recitations and study and clinical instruction during the other portion. The instructors of the Tremont Street School have for some time been the same as the professors in the College, hence the union of the two institutions has been accomplished without difficulty; and the teachers will be enabled to adapt the two courses mutually to each other, so that the student will be assisted in his studies and observations during the summer course in the manner best calculated to enable him to profit by the lectures in the winter.

One great advantage which this plan offers is, that all the facilities which Harvard College possesses for medical instruction will be secured to the medical student. Thus, he will be able to attend the lectures of Prof. Gray on Botany, of Prof. Jeffries Wyman on Comparative Anatomy, of Prof. Agassiz on Zoölogy, and of Prof. Lovering on Acoustics and Optics. To these lectures, which are open to students in all the departments of the University, he will be admitted during the summer session without extra charge.

The regular exercises of the Tremont Street School will continue as heretofore, and students will be admitted to all the privileges they have formerly enjoyed while connected with that School. Ample arrangements are made for clinical instruction, and for the study of morbid anatomy, at the Massachusetts General Hospital, and means are provided for a full supply of dissecting material, during the spring and autumn months, without cost to the student.

Such great advantages must form a powerful attraction to those hesitating where to pursue their medical studies. We confess that we know of hardly any school in this country which can offer more in point of instruction than ours, now that the course is continued throughout the year.

ADVERTISING BY NEWSPAPER PUFFS.

If there be any one practice which is considered disreputable by all respectable physicians, it is that of calling the attention of the public to remarkable surgical operations, astonishing cures, and the like, through the newspapers, with a view to the benefit of the individual whose name is paraded in connection with them. The Code of Ethics

of the American Medical Association is very explicit on this point. Art. II., Sec. 3, says: "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or *suffer such publications to be made;* to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practice of empirics, and are highly reprehensible in a regular physician."

Our attention was lately called to this subject by a notice in the *Pacific Medical and Surgical Journal,* stating that an article published in that Journal, containing a report of a formidable surgical operation, had been reprinted in the daily newspapers; that the author of the article had been appealed to, to deny that this had been done at his instigation, by his consent, or with his knowledge; and that since he had refused to make any such denial, the editors had declined publishing anything farther from his pen. We heartily commend the independent conduct of the *Pacific Journal.* Such appeals to the public ought to exclude a physician from the pale of the respectable portion of the profession.

Quite recently we have been pained to find that an extract from an article published in this JOURNAL has been reprinted in two daily papers, in a manner which bears a very suspicious resemblance to an appeal to the public on behalf of the author. The extract is from an article entitled *Non-Mercurial Treatment of Syphilitic and other Diseases,* by William M. Cornell, M.D., and is as follows:—

"Dealing with chronic diseases, of various forms, especially those of the skin, I have seen almost all kinds of such cases; and I have known the most aggravated forms of chronic eruptions, upon the head, face, and other portions of the body, wholly removed, and permanently disappear, under a treatment without a grain of mercury. In some of these cases mercury had been employed, even to salivation, without any obvious benefit. For a dozen years, I have closely watched these peculiarities of skin diseases, and am satisfied that there is a better, safer, and more eligible way of treating them, than by employing mercury or arsenic."

We cannot for a moment suppose that the author of the article would have consented to such a proceeding, the effect of which must be to injure him deeply in the opinion of the profession of which he is a member, and we trust he will take the earliest opportunity of stating that the publication of the extract in question, in the daily papers, was done wholly without his consent or knowledge. We refrain from alluding to the evils which would follow the publishing, in the daily journals, of papers on purely medical subjects which are only under discussion. It is only of the ethical view of the subject that we speak.

DEATH FROM SUDDEN EMOTION.

A GENTLEMAN writes the following from Amherst, N. H., respecting the case referred to by Dr. Holmes, in his Valedictory Lecture:—

"Some years ago, a worthy resident of Francistown, on being announced by the presiding officer as elected town clerk, said, 'gentlemen, I cannot serve you,' instantly fell, and expired before he could be removed from the meeting. But here the fatal emotion was probably widely different from that which destroyed the exultant father in

Olympic times. It was that annihilating feeling which some very modest men experience on being compelled for the first time in life to open their lips in public; and when it is added that this man who, for a wonder in these days, declined official distinction, had long been troubled by some derangement of the heart, the result will not appear surprising."

Appointments.—Dr. Amos B. Bancroft has been appointed physician to the State Prison at Charlestown, in place of Dr. Wm. B. Morris, removed. We congratulate Dr. Morris on his release from the arduous and dangerous duties which he has so faithfully discharged for many years past.

Dr. Isaac G. Braman, of Brighton, has been appointed physician of the United States Arsenal, at Watertown, in place of Dr. Horatio Adams, of Waltham, removed.

Additional Prize presented to Dr. Brown-Séquard.—The French *Académie des Sciences* have lately added 1500 francs ($300) to the prize of Physiology which it decreed in the month of February last to Dr. Ed. Brown-Séquard, for his researches and discoveries in that science.

Cæsarean Operation.—Last Friday, Mr. James Hawkins, surgeon, of Newport, performed the Cæsarean operation on a deformed woman, whose height was only between three and four feet. Chloroform was administered, and the patient was perfectly unconscious of the operation, which was most successfully performed. The child, a fine little girl, exhibited the power of its lungs the moment of its extraordinary birth; and with its mother is doing remarkably well. There were other medical men present at the time, who were much gratified at the success of Mr. Hawkins.—*English paper.*

Health of the City.—The most striking feature in the mortality of last week was the large number of deaths (7) from measles. There were 5 deaths from pneumonia and 4 from scarlatina. The number of deaths for the corresponding week of 1857 was 73, of which 16 were from consumption, 2 from pneumonia, and 14 from scarlatina. The difference of the mortality from pneumonia in the two seasons is the more remarkable, as the weather was unusually severe last year, and unusually mild this year.

Died,—At Marianna, Florida, Dr. Henry F. Kœhne, of Ohio.

Communications Received.—Letter concerning a case of Otorrhœa, &c., following Scarlatina.—Professional Etiquette.—Letter from M.D., Junior (will the author please send us his name?).—Letter from Dr. G. Kimball.—Occlusion of the Os Uteri.

Books and Pamphlets Received.—Dysentery, its Pathology and Treatment. Clinical Lectures by Robert Campbell, A.M., M.D. (From the Author.)—Tendency of Misdirected Education and the Unbalanced Mind to produce Insanity. By Edward Jarvis, M.D. (From the Author.)

Deaths in Boston for the week ending Saturday noon, April 3d, 81. Males, 42—Females, 39.—Accident, 2—imperforate anus, 1—inflammation of the brain, 3—congestion of the brain, 2—consumption, 16—convulsions, 3—croup, 3—dropsy, 1—dropsy in the head, 2—debility, 1—infantile diseases, 7—scarlet fever, 4—disease of the heart, 2—hæmorrhage of the lungs, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—measles, 7—palsy, 1—pleurisy, 2—rheumatism, 1—teething, 4—thrush, 1—tumor, 2—unknown, 3—whooping cough, 5.

Under 5 years, 46—between 5 and 20 years, 6—between 20 and 40 years, 12—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 64—Ireland, 13—other places, 4.

Treatment of Syphilitic Diseases of Infants.—M. Trousseau recommends, for the treatment of infants affected with syphilitic diseases, baths containing bichloride of mercury in solution. The following is his formula:—Bichloride of mercury, 15 to 30 grains; alcohol, 3 fluid grammes; distilled water, 1 fluid ounce; make a solution, and add to a bath. At the same time he gives internally a solution of the bichloride, of which each dose contains about a hundredth part of a grain of the salt. He also gives the iodide of potassium to the nurse, in the dose of from 25 grains to a drachm, or more, daily, for several months.

Consumption.—The undoubted hæmostatic property of ergot of rye, or spurred rye, has often been vainly tried in hæmoptysis or spitting of blood; it is therefore rather curious to find this substance recommended in a report which has received the approval of the Academy of Medicine at Turin, as one of the most active remedies for consumption. Dr. Parola, the author, describes its action as infallible, if not in curing the disease, at least in staying the progress of the pulmonary inflammation which constantly accompanies the formation of tubercles. It is not a specific for the destruction of the tuberculous matter, but, by its elective action on the bronchial mucous membrane, as also on circulation, respiration, and blood, it can conquer that morbid state by which the secretion of mucus and even pus is increased. It diminishes expectoration, which also becomes less purulent. Dr. Parola administers two grammes of the powder per day, and suspends it every four or five days for 48 hours. When the stomach is too weak, the resinous extract may be administered in pills instead of the powder, to the amount of forty or fifty centigrammes, or else as a potion in a solution of gum. Quinine, foxglove, and even opium may sometimes be administered together with it. By this treatment Dr. Parola has cured 16 cases out of 31 of confirmed consumption in an advanced stage.—*Galignani's Messenger.*

Rush Medical College, Chicago.—The Annual Commencement took place Feb. 17th, in the College Hall. The medical degree was conferred on thirty-six gentlemen, and the honorary degree of Doctor of Medicine on Dr. Solomon Davis, of Columbus, Ind., and Dr. Waldo W. Lake, of Milwaukie, Wisconsin. A valedictory address to the graduates was delivered by Prof. W. H. Byford, after which a collation was partaken of, and a couple of hours spent in the most agreeable and social manner.

St. Louis Medical College.—At the Annual Commencement of this College, Tuesday evening, March 2d, the degree of M.D. was conferred on forty-nine graduates of the past session. A congratulatory address to the class was delivered by Prof. W. M. McPheeters. The number of students the last session was 125.

Missouri Medical College.—The Annual Commencement of this College took place in St. Louis on Saturday evening, Feb. 27th, when the degree of Doctor of Medicine was conferred on twenty-five members of the class. The *ad eundem* degree was conferred on Drs. Samuel B. Bowles, O. C. Johnson, and Thomas J. Klepper, of Missouri; and Dr. Wade Pollard, of Arkansas—also the honorary degree on Dr. James H. Slavens, of Missouri. The valedictory address was by Prof. John Barnes.

The New York Dental Association.—A meeting of dentists in the city of New York took place at 57 Bond street in November last, for the purpose of organizing an association for the promotion of the individual and general interest of the profession. At a subsequent meeting it was organized, a constitution and by-laws adopted, and officers chosen. Meetings have been held twice a month during the winter, and subjects connected with dentistry, previously given out, discussed.

Medical Miscellany.—The physicians of Waupaca County, Wisconsin, at a meeting in the village of Waupaca, organized themselves into a County Society, elected their officers, and appointed a Committee to draft a constitution and by-laws.—A pair of artificial feet, for the purpose of increasing the height of a lady only three feet ten inches tall, has been manufactured in London, which are easily worn by her, and by which nearly eight inches are added to her height.—Steps have been taken to secure the museum of the late Hugh Miller, for the city of Edinburgh.

THE

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CASES OF TALIPES, OR CLUB-FOOT.

[Read before the Boston Society for Medical Improvement, December 28th, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY BUCKMINSTER BROWN, M.D. BOSTON.

SOME time since, the original plaster casts of a case of talipes varus, in its severest grade, of which one of these on the table is a copy, were shown to this Society, and at the same time the young man, whose feet at a former period of his life they represented, was present for examination.

At the suggestion of Dr. J. B. S. Jackson, new models have been taken, to be placed in the Cabinet. The case was brought forward at that time, not because the success which had attended the treatment was unusual, but simply as an instance in which had been performed one of the earliest operations for talipes in the United States, and the only one where an opportunity had offered for tracing the history of what had been an aggravated case of varus, after the lapse of such a number of years.

The case excited considerable interest in the Society, and was regarded by many as a remarkable example of a complete cure of club-feet. This, however, was not the light in which it was viewed by Dr. Brown, Sen., who operated in the case, or by myself. We considered it of great interest as presenting an instance, some eleven or twelve years after restoration, in which the strength of re-united or new tendon had been rigorously tested, and where the perfection and permanence of the cure was strikingly exemplified. It was originally double congenital varus in its worst degree. The smallest of the casts upon the table, marked No. 1, is an accurate model of both feet previous to treatment. They were precisely alike. (See figure 1.) Locomotion was effected on the anterior extremity of the os calcis and the proper superior surface of the os cuboides, or, in other words, upon the top of the foot. Upon examining the cast it will also be remarked as one of the most striking peculiarities; the longitudinal doubling, or complete folding inward of the soles, forming a deep groove, by which the great and little toes are brought almost in contact; and like-

wise will be observed the prominence of the round head of the astragalus upon the dorsum of each foot. The large cast, No. 2, is the same foot taken twelve years after. (See figure 2.) The subject was examined by the members of the Society at that time, and the faithfulness of the artists' representation* can be attested by all who were then present. The restoration was as complete as when he was first lost sight of by the surgeon. The feet were perfect, both in form and in freedom of action. They had become fully developed in bone and muscle, and somewhat exceeded in size an average foot. The intervening years had been passed partly at sea, performing duty as a sailor before the mast; and whether on land or sea, he stated that he had never experienced any inconvenience from his feet, and in appearance there certainly was no trace of the former distortion. He has more recently become mate of a ship.

Figure 1.

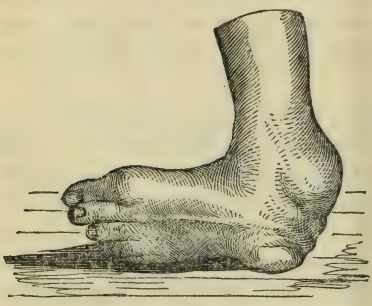
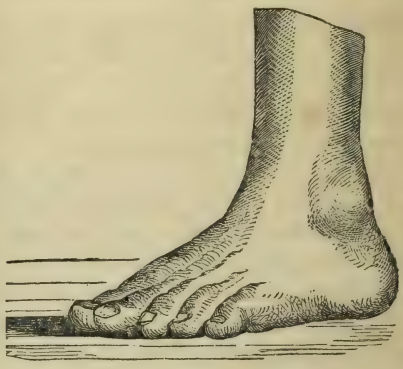


Figure 2.



Since these casts were taken (1854), old cases of cured feet have reported themselves more frequently. Among others, I would refer to a young man who had been treated when a child for single varus, but who came to Boston in 1841 with his difficulty still unrelieved. In this case the tendo-Achillis was divided twice; the tibialis anticus, the tibialis posticus and the flexor longus pollicis each, once. The foot was completely cured. He has recently visited Boston, thirteen years having elapsed since his former visit. The foot which had been operated upon could not be distinguished from the one which had been always perfect. All the natural movements of the foot—flexion and extension, abduction and adduction—were freely and actively performed. He had finished his education as an engineer, and had been engaged in his profession for a year or more. During the last eight months of the year 1856, he walked ten hundred and ninety miles, carrying his apparatus and wheeling his odometer. In a letter recently received from him, he says: "In respect to my foot, I can walk twenty-

* Messrs. Chicci & Garey were the artists employed.

five miles a day, and while at work I would travel from twelve to twenty miles each day."

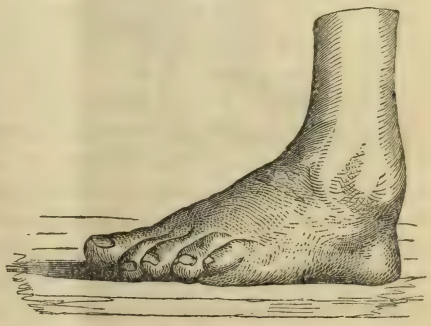
The cast marked No. 3 (see figure 3) is the model of the left foot of a lad 13 years of age, who was under treatment some years since. A more formidable case of distortion can hardly be imagined. If it were not identified by the toes, we could scarcely recognize it as the representation of a human foot. The metatarsus was doubled and twisted upon the tarsus in a most remarkable manner, forming, at the point of union, a sharp prominent ridge upon the top and side of the foot. The astragalus was luxated upward and outward, and very much diminished in size. The atrophy of this bone produced one of the greatest difficulties with which we had to contend in the treatment. In the process of cure, as the foot advanced toward its normal position at a right angle with the leg, it was almost impossible to retain the astragalus in its proper situation. It constantly slipped forward, tending to completely defeat the successful issue of the case. The toes were flattened backward to such an extent as to be partially in contact with the dorsum of the foot, the little toe being pressed back against the top of the metatarsal bone of the fourth toe. There was, in addition, a contraction of the left leg at an obtuse angle with the thigh.

The cast next to this, marked 4 (figure 4), is the same foot after treatment. It will be observed that they are moulded with great accuracy, the one last taken exhibiting the wrinkles in the skin where it had formerly been stretched over the projecting astragalus and tarso-metatarsal prominences. It will also be seen that this does not represent a foot which is, in all respects perfectly formed. When compared with its previous state, however, the improvement may be considered as being at least equal to the anticipations of the most sanguine.

Figure 3.



Figure 4.



It may be stated that the pencil sketches of the casts from which the annexed engravings were copied, were drawn with great exactness, and for truth of detail and finished execution can scarcely be excelled.

In the course of the treatment there were four sections of the tendo-Achillis. The union of this tendon advanced more rapidly than the foot could be proportionably straightened, and only a limited increased length of tendon could be acquired before firm union took place, presenting, after a short time, an unyielding obstacle to further progress. Re-division, therefore, became requisite to render continued extension possible.

Experiments upon animals, combined with previous experience, should be our guide in difficult and extraordinary cases. The former prove that divided tendon is re-united in about three weeks by a firm fibrous tissue, presenting considerable force of resistance, and that in five or six weeks it is perfectly continuous and inelastic. Still later, it becomes more solid than the original tendon.

The other parts divided in this case were the tibialis anticus, the adductor pollicis, the latter twice, the flexor longus pollicis, and some fasciculi of the plantar fascia; also the semitendinosus, the semimembranosus and the biceps.

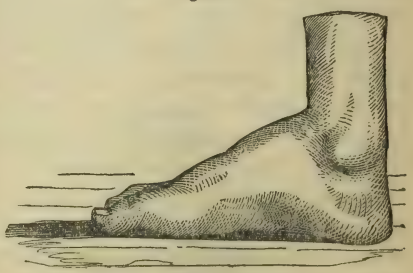
The treatment resulted in a complete restoration of the leg, and the foot is now, I have been informed, in a more perfect condition than is represented by the cast or the engraving.

The third pair of casts (figures 5 and 6) represent a case of equino-varus in which the patient walked upon the extremities of the metatarsal bones. The toes were pressed back, the metatarsus flexed and rotated upon the tarsus; the astragalus, as may be distinctly seen upon the model, was thrown out and projected upon

Figure 5.



Figure 6.



the dorsum pedis, with the bones of the leg resting upon its posterior portion and upon the os calcis. The heel was elevated three and half inches. The patient was a boy 11 years of age. The foot was discovered to be misshaped as soon as he began to walk, and was probably congenital equinus, converted by pressure in walking into equino-varus. He came to Boston in September, 1847, and consulted Dr. Inches, who referred him to me. The parts divided were an adventitious ligament, broad, thick, and unyielding, which extended from the os calcis to the base of the great and

second toes; this was formed, probably, from the plantar fascia—the flexor longus pollicis and the tendo-Achillis.

This case was remarkable not only for the severity of the distortion, but also, considering the age of the patient, for the unusual rapidity of the cure. The operation was done on the 22d of September, 1847. September 30th the toes were straight, the foot at a right angle with the leg, and the patient, for the first time in his life, could place his heel upon the floor. The plaster cast numbered 6 (figure 6) is the same foot after treatment.

There is also upon the table for examination the daguerreotype of a child, 4 years of age, from Cohoes, New York.

This portrait was recently forwarded in answer to inquiries concerning the state of the feet. They had previously been operated upon by a distinguished surgeon of Albany, but were a severe form of double varus when brought to Boston two years since. It gives the full length figure of the little boy, and the unerring impress of solar light represents the feet as perfect. An artistic response of this kind is certainly as graphic and satisfactory a reply to his queries as the physician or surgeon could desire.

[Dr. Warren remarked that he had been in a position to see a great number of the cases operated upon by Dr. Brown, and also after treatment, and that he had truly been surprised at the perfection of the cures and the great care and unwearied attention by which this favorable result was accomplished. He thought it very important that all of this class of cases should be placed in the hands of some one or two of the profession who had given great attention to the subject, and who had the necessary variety of apparatus by which alone a successful issue could be obtained. He said that various cases were brought to the Hospital—poor patients—upon whom they felt obliged to operate, and that in a short time sores would appear upon the feet, and various other drawbacks would occur, and before the patients left the institution the surgeons were heartily sick of the cases.

Dr. J. Homans remarked that he fully concurred with Dr. Warren respecting the treatment of cases of this description by Dr. Brown.

Dr. H. having been a member of the Board of Trustees of the Boston Orthopœdic Association, had opportunities to witness the practice of the Drs. Brown. The results of these cases were generally successful, some of them surprisingly so. He had seen several of their cases in private practice, some very unpromising, attended with like success. It gave him pleasure to be thus able to testify to Dr. Brown's skill, and to the zeal and perseverance which he so constantly manifests. When we consider that this class of cases do not abound, it is desirable that they should be treated by a few only, whose experience and skill will be thereby increased, the necessary apparatus in all its variety be constantly on hand, and thereby the best results attained.—Secretary.]

THE EPIDEMIC YELLOW FEVER OF 1856, AT BAY RIDGE AND FORT HAMILTON, L. I., WITH ITS PREDISPOSING AND EXCITING CAUSES.

BY C. D. GRISWOLD, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

A TRUE history of the epidemic of 1856 has never yet been published, and probably never will be; but in place of a full treatise on the subject, I offer the following familiarly written sketch, which is accurate so far as it goes, and embraces the leading points of interest.

The health laws of New York are among the most important for the protection of the people and their commercial interests. Of these there are two departments—viz., such as provide protection against *local* causes of disease, and such as are designed to protect the city against the *importation* of disease from distant places. The last come under the head of quarantine regulations.

Yellow Fever is a disease native only of hot climates, and therefore cannot prevail in New York or vicinity, except that the seeds are imported and planted under circumstances favorable to its development. One of these conditions consists in a temperature above 80 degrees Fahr. Observers have noticed that the disease, or rather the cause of the disease, has been developed most rapidly where the conditions were best adapted to produce mould, viz., heat and moisture in a confined atmosphere. There must be, then, a predisposing and an exciting cause of yellow fever in our climate—the predisposing must be local, while the exciting cause must come from a distance.

A ship, receiving cargo at Havana during the prevalence of yellow fever there, takes on board, in every package of goods, the malignant poison. The hatches are closed and the vessel sails for New York. During the voyage, the malarial poison within the hold becomes intensified by the heat, moisture and confined atmosphere, to such a degree that it is readily engrafted upon the shore where it is allowed to escape, if the conditions are only favorable to its propagation as above stated.

Yellow fever belongs to the class of *malarial* fevers, *i. e.* diseases produced by exhalations from the surface of the earth. Of these, fever and ague is the simplest type; remittent, or bilious fever is the next in severity; typhoid is still more aggravated, and is the nearest in its approach to yellow fever. Fever and ague runs its course in successive chills, followed with fever and perspiration; remittent fever runs its course with a less number of chills; typhoid fever is seldom attended with more than two or three chills, when the fever assumes a continued and pernicious form. Yellow fever has but one chill, which is followed by a malignant grade of fever, and terminates in death or convalescence usually on the fourth day. Now from the above, it will readily be understood that yellow fever is most likely to take root and be fostered in a

district where the lighter forms of malarial fevers prevail. This is almost an invariable law in the communication and spread of the disease. This view of the subject reveals the predisposing cause of yellow fever, and without which there can be *no communication* of this scourge in our northern climate.

For three years previous to 1856, malarial fevers had prevailed to a considerable extent at Fort Hamilton and Bay Ridge. In 1853, the type was intermittent, of a mild form, and commenced as early as April. In 1854 there were a good many cases of bilious remittent fever in summer and autumn, and not so much intermittent. In 1855 there was little intermittent fever, but in the fall a number of fatal cases of typhoid fever occurred. A man by the name of Arthur McKeever (who lived with his family of a wife and three children in a low situation with stagnant water around his house), had marked symptoms of yellow fever. He was a coppersmith, and worked in Cherry street, New York, before and after his illness. From the yellowness of his skin, the vomiting of dark blood, delirium, and at the same time his exhibiting much strength and restlessness, I was led to remark that his case was much like yellow fever at the time. The wife and children all had aggravated intermittent. Once, on a professional visit, I found them without a fire in the house, or food, from inability to make the one, or prepare the other. These necessities were soon supplied by the neighbors, on their case being made known. All the members of this family recovered. In another family I knew of four cases of fever, of which the three first became typhoid, and the patients died. I was called to the third case in the last stages, and attended the fourth from the first attack.

From the above, it will be seen that for three successive years previous to the yellow fever season, the type of prevailing fevers became more and more severe, and approached in character to a close alliance with the disease of 1856. In May, of that year, during one week, I knew of three fatal cases of what I regarded at the time as malignant intermittent. The cases were poor children, and attracted little attention, but the severe type of disease, and the previous three years' experience, warned me that we were on the eve of an epidemic, and I so stated at the time; but the usual repugnance to predictions of evil, and the fact that a mention of any form of fever in the district was a subject under *taboo*, caused all such remarks to be treated lightly.

Over the district known under the name of Bay Ridge, Yellow Hook and Fort Hamilton, in the town of New Utrecht, there are scattered a great number of stagnant ponds or sunken pools of water, which dry away during the summer season, depending upon the amount of rain that falls, and these give off the malaria which is the cause of the fevers. If they become dry in the spring, intermittent fever is produced; if in mid-summer or fall, remittent or bilious fever is the result.

During the month of July, 1856, there was about two weeks of extremely hot weather, and most of this time the thermometer ranged above 80°. This high temperature caused a rapid evaporation of surface-water and exhalation of malaria; cases of bilious fever began to occur, but without attracting any special attention until yellow fever began to be developed. The fleet of ships lying at Quarantine, directly opposite where the first cases occurred, drew public attention to them as the cause, in which the local or predisposing cause was entirely lost sight of. The communication of the yellow-fever poison or malaria was unquestionably from bedding and refuse matter thrown from infected vessels, and allowed to float or be hauled upon our shore to lie and dry in the hot sun. Being thus brought into contact with an atmosphere already tainted or impregnated with malaria of a milder grade, the virulent poison of yellow fever became readily engrafted, and thus changed the type from remittent or bilious, to that of yellow fever. In this theory we have a full explanation of the fact, that with very few exceptions the cases were those of simple remittent fever at the beginning, and, unlike yellow fever, would often run on for a week or ten days without anything to indicate the result, viz., a sudden change to yellow fever and death. We have also an explanation (and an important lesson) in these views, of the fact that the cases of fever which were treated that season by the prompt administration of quinine, almost invariably recovered; and moreover, that those who took quinine as a prophylactic were invariably exempt from the disease.

Of thirty-six cases of fever, for which I prescribed between the 25th of July and the 26th of August, but four were fatal. The *first* of these was a Mr. P——l, who was forsaken by his watcher at a critical period, and remained for ten hours without medicine. The *second* was a female servant, who vomited all the remedies administered during the first day, and died on the sixth. The *third* and *fourth* were a gentleman and his wife, who were prejudiced against the use of quinine, and neither took it as a preventive nor after the attack, until a consulting physician advised it. The last three cases occurred in the same house, and the last two were yellow fever from the first. The house was old and badly ventilated, and around the premises the grounds had been recently graded, and a superficial pond of stagnant water was situated near by. The thirty-two cases of fever which recovered were by no means all yellow fever; but there is every probability that they would have been, had not the disease been promptly arrested at the first remission by the use of from twenty to sixty grains of quinine.* Seven of these cases occurred in a house opposite Quarantine, directly opposite the shore, where the first of the four deaths refer-

* The formula I used in the administration of quinine was as follows: Sulph. quiniæ, grs. xl.; pulv. capsici, gr. v.; ext. taraxici, grs. xx. M. and divide into twenty pills. To arrest a fever, give two every two hours, during remission, until cinchonism is produced.

red to above, occurred, and one other patient recovered after turning yellow, and being pronounced nearly in a hopeless condition by a Quarantine physician. Three other cases occurred at Bay Ridge in a house where one had died of unmistakable yellow fever but a few days previously. I saw this patient just before death, and afterward prescribed for the three other members of the family who recovered—indeed they did not take to their beds, as the disease was arrested after the first paroxysm or symptom of attack. It is not, of course, to be expected that persons unacquainted with medicine would realize the cases thus arrested to be an attack of a disease that would likely prove fatal in four days. This is especially so, inasmuch as yellow fever is a disease that seldom brings terror to the patient. Had these cases been pure yellow fever, the mortality would undoubtedly have been much greater. Without, however, the prompt administration of quinine at the onset, as recommended by Dr. Stone, of New Orleans, they would unquestionably have become so, as was the case in almost every instance in the practice of two physicians in the district, who opposed the use of this drug, and whose deaths from the disease, in company with their patients, has afforded the best possible testimony both of their honesty and error.

It is sometimes more difficult to contend with popular prejudice in a panic from an epidemic, than it is with the disease, and this was an instance of the kind in which, between the two, I came near being effectually extinguished.

One more topic connected with that epidemic, and I will have done. I refer to the fatal error so much permitted—the admitting of persons from healthy districts into infected houses. When a house becomes impregnated with the malaria which produces yellow fever, it is seldom eradicated in our climate until after a frost. Those who enter such houses breathe the poisoned atmosphere, and in that way take the disease, and not from the patient as is commonly supposed. The disease in a patient does not produce the same in another. A room filled with charcoal-gas (carbonic acid gas) will poison all who breathe it, and it is well known that persons found suffering in this way, must be immediately removed from such apartments, or else all will be poisoned who enter to take care of those already affected. The same rule holds in the occurrence of yellow fever in a house where there is reason to believe the disease was developed. From this view, it will be seen that the idea expressed by Mr. E. Meriam, of Brooklyn, was correct, in regard to the establishment of hospitals remote from the district where the disease prevails. Dr. Rush, who was great authority on this subject, advocated the plan of moving yellow fever patients in a carriage for the benefit of a change of air, and the moral effect upon the patient's mind.

The "Relief Hospital" at Fort Hamilton was established late in the season, and in direct violation of this rule. The building

was directly on the shore, and half under an embankment; and, what is still more remarkable, the beds for it were brought from an infected hospital at Quarantine. I had two patients in this house, one of whom relapsed after it was converted into a hospital, and died. Cases of *fright*, or of any form of disease, would of course be likely to become yellow fever patients, under such circumstances.

In conclusion, I have only to say that the great means for our protection from yellow fever, is to provide against the local or *predisposing* causes of the disease, viz., the malaria which is eliminated from stagnant water, as in natural pools, sunken lots, and decayed docks. With these protections, a fleet of infected vessels might lie along side the piers of New York, and not communicate infection to be propagated in the city, and therefore communicate no disease except to those who breathe the atmosphere on shipboard. There might be evil enough communicated in this way, of course, to warrant protection against such an occurrence; but with such provisions, no instance of an epidemic like that which prevailed at Fort Hamilton and Bay Ridge could ever occur. It is due to the interests of society, that some legislative action should be taken upon the freedom exercised in and about New York, in promoting the causes of epidemic disease, by allowing stagnant ponds to be formed in street grading, or retaining them on grounds adjacent to the city, where they may have been formed by natural causes.

ON THE TRANSMISSION OF SYPHILITIC POISON FROM THE NURSE TO THE CHILD, AND FROM THE CHILD TO THE NURSE.

BY M. TROUSSEAU.

[Translated for the Boston Med. and Surg. Journal, from the *Gazette des Hôpitaux*.]

When, on a former occasion, I was speaking on the important question of congenital syphilis, I intimated that at a future day I should call your attention to some very interesting clinical and medico-legal questions relating to the transmission of syphilis from the nurse to the child, and from the child to the nurse. Chance having brought into our little ward of lying-in women two young patients presenting unmistakable traces of original infection, I am unwilling to allow the occasion to pass without fulfilling my engagement.

In the first place, syphilis in the newly-born infant is essentially different, according as it is congenital or acquired; the symptoms and the prognosis are not the same. Death is the inevitable consequence of fœtal contamination, while cure is the general law of inoculation after birth.

Syphilis may be congenital in two ways; the mother being already infected at the moment of conception, or not becoming so

until afterward. In the first case, the germ of disease is implanted in the diathesis, and syphilis is developed with the first beat of the heart; in the second, the evil is transmitted from the trunk to the bud, from the maternal bosom to the infant already formed.

Can the fœtus, of itself, while *in utero*, communicate syphilis to its mother? In other words, can an infant, whose father, formerly unfortunate, has ceased to exhibit conditions communicable directly from one parent to the other—can such an infant be to the mother the vehicle of venereal disease? A grave and difficult question is this—a case very embarrassing for the physician and advocate. How many elements conspire to prevent a satisfactory solution! Nevertheless, M. Ricord is disposed to adopt the affirmative view.

On deliberate reflection, it is no more easy to comprehend how the mother can, after having conceived, produce a change in the fruit of her womb, than to admit the possibility of infection of the mother by the fœtus. Only, if one of these facts is generally admitted, the other must remain somewhat doubtful.

Whatever may be its point of departure, the disease itself is none the less one and the same; M. Ricord, therefore, uniting these two varieties of congenital syphilis, has given them the same place in the nosological system.

With regard to acquired syphilis, we should first ask if it is transmissible to the child through the nurse's milk. This was formerly fully admitted. Hunter came, and he denied this proposition; his disciples, confirming their master's opinion, have not relinquished this view, and M. Ricord, who sustains with so much *éclat* the traditions of Hunter's school, has not met with a single authentic instance of the propagation of the venereal disease by the milk of the nurse. I say *by the milk*, for it would be supremely absurd to say that the child enjoyed a complete immunity, when the nurse bears on her nipple an infectious chancre.

How, then, is the disease transmitted? At the time of accouchement, when the head presents, the often repeated contact of the fingers of the accoucheur with the forehead or occiput of the child is of a nature to cause excoriations; suppose, under these circumstances, the woman to have chancres in the vagina, the pus which they secrete will infect the denuded surface, as it may in the same way inoculate the excoriated finger of the accoucheur or midwife. I hasten to add, that, of all the causes of syphilitic contamination to the infant, this is perhaps the least frequent, on account of the very rapid passage of the head through the vulva, the most common seat of specific lesions, and owing also to the peculiar protection arising from the sebaceous coating which covers the whole surface of the body.

I have seen at the Hospital Necker a little child four months old affected with chancres. Its mother, who had chancres and leucorrhœa, was in the habit of taking it, during the night, into her bed to nurse it. The child, when its cries were stilled, slept upon the

belly of his mother, and as he had some slight excoriations, he became inoculated with the pus which flowed from the vulva.

There are nurses who, to obtain quiet and rest from the innocent creature which a confiding mother has trusted to them from the first, have recourse to profane manipulations and the most odious caresses. These women, of depraved instincts, lay upon the genital organs of the children, particularly those of little girls, the hands which they have soiled with their own impurity. The slightest excoriation very quickly gives access to the poison.

These examples must lead you to anticipate how essential it is to distinguish between congenital and acquired syphilis, and how important it is to follow step by step the development of the latter. In questions of such importance, legal medicine is every day called upon to enlighten justice, and often very sad discussions on this subject have wakened the echoes of our judgment halls. I say *very sad discussions*, for generally the resources of art and science have been obliged to give way to those of ignorance and prejudice. Apply yourselves, therefore, most diligently to a knowledge of those reefs to which some day the magistrate will consign your arguments, and convince yourselves thoroughly if you would convince others.

The child that syphilis infects after its birth, shows as distinct a chancre as an adult; the characters of the lesion are the same. Nevertheless, chancre in young children is extremely apt to take on the phagedenic form, which, as you know, postpones a little the constitutional symptoms; on the other hand, it may *furrow* the skin without producing infection. Hunter has said it, Ricord has repeated it. When the chancre is indurated—and it has this character more rarely in the child than the adult—syphilis is taken into the system. The constitutional diathesis having become established, it will follow its usual course, but taking on, in the case of young subjects, more of an exanthematous character.

Glandular enlargements accompany the infecting chancre; then, at the end of six weeks or two months, roseola appears, and later the pharynx and the nose are attacked. Finally, after a sufficient interval of time, the symptoms of the syphilitic cachexia are unmistakable.

Suppose you have offered to you a child a fortnight old affected with specific coryza—and this is the rule in hereditary syphilis: is this a case in which you have a right to affirm that the disease has been inherited from the mother? Most certainly, because coryza is one of the tardy phenomena of acquired syphilis.

Suppose another child is brought to you presenting mucous tubercles eight or ten days after birth, then at the end of a month hypertrophy of the liver—that positive sign of the venereal cachexia, a little later fissures of the lip and anus, and flattening of the nose: it would not be with you a question of probability, but it would be an absolute certainty that the case is one of congenital

syphilis. You see how these differential signs of congenital or acquired syphilis can clear up a medico-legal question, and of what weight your evidence may be.

Can an infant affected with hereditary syphilis communicate the disease to its nurse? M. Ricord has denied that this is possible; but, a conscientious and very honest observer, he has recently modified his first opinion, and now thinks that such a transmission is possible. M. Ricord has observed, and all the Hunterian school have noticed with him, the great difficulty of communicating by inoculation the secondary symptoms of syphilis; but there exist now in science a sufficiently large number of facts which tend to compel the medical world to withdraw from its ancient belief. Answer, then, in the negative the question which we have proposed, and observe the very simple reasoning of the partisans of non-transmission: secondary accidents are not transmitted; now the syphilis which the child inherits is secondary, therefore it cannot infect the nurse. Observation would seem to confirm this method of reasoning. In fact, many infants very decidedly infected, leave the health of the women who nurse them entirely unaffected; but there are other facts which establish in a positive manner the possibility of this mode of contagion.

I come now to the recital of cases which thus establish the possibility of the communicability of the disease from the child to the nurse.

One of my professional brethren of Paris invited me to a consultation in the family of one of his patients. He informed me that the lady of the house was delivered, seven months before, of a healthy child, which became sick fourteen or fifteen days after birth, but without any manifestation of disease of the skin.

Toward the end of the second month and at the commencement of the third, a cutaneous affection supervened, of a nature to suggest the idea of syphilis. A little later, the nurse showed on her breast symptoms not at all encouraging; engorgement of the axillary glands of the corresponding side, an eruption of roseola over the whole surface of the body, and sore throat.

The physician inquired of the father of the child whether he had ever had syphilis; this he denied emphatically. To address a similar question to the mother was a thing next to impossible, so my friend was content with satisfying himself that she presented no traces of the disease. The nurse grew so much worse that it became necessary to confide the child to another woman. Three weeks after, the second nurse became affected in the breast. I was called in a short time after, and satisfied myself, by my own observation, of the existence of the most unmistakable signs of the diathesis. As for the child, it had a hypertrophy of the liver, as well as lesions of the skin and mouth.

Will you admit that both of these women had been previously infected? This would, to say the least, have been a singular coin-

cidence; but the first of them was a married woman and had been remarkably healthy, as well as her husband, before she began to nurse the child. The second was a young girl from the country, confined four months previously, and having no knowledge of this disease. Nevertheless they were both infected, and both in the same way!

Such facts are very serious, and their number begins to be quite considerable. Secondary affections are, without doubt, transmitted with much more difficulty than primary ones, but they are, nevertheless, transmitted; and when communicated from the child to the nurse the contagion depends upon special conditions, on which I wish to fix for a moment your attention.

[To be continued.]

Bibliographical Notices.

Silver Sutures in Surgery;—The Anniversary Discourse before the New York Academy of Medicine. By J. Marion Sims, M.D., Surgeon to the Woman's Hospital. New York: Samuel S. & W. Wood. 1858. 8vo. pp. 79.

Dr. Sims is well known for his modifications of the operation for vesico-vaginal fistula. These modifications, which are very ingenious, and have contributed greatly toward the success of the treatment of that most distressing infirmity, are detailed in the American Journal of the Medical Sciences, January, 1852. They consist mainly in the prone position of the patient, and the employment of the "clamp suture" for keeping the edges of the wound in apposition, but the chief value of the description which Dr. Sims gives of his method of operating consists in the minuteness of the details which are so requisite for the success of this delicate operation. It was naturally to be expected that a surgeon who had done so much toward rendering this difficult operation more easy of performance, and whose own success had been so great, should meet with a corresponding reward in the praise of the profession, and the more solid recompense of a large and lucrative practice; and these have been liberally bestowed upon Dr. Sims. If his head has been completely turned by success, a large share of the blame must be borne by some of our New York brethren, whose extravagant and ridiculous laudations seem to have completely intoxicated him.

The subject of the pamphlet before us is "silver sutures in surgery," the employment of which Dr. Sims claims as his own discovery, but the discourse contains a history of all his latest improvements, and of the difficulties which he met with and overcame, in their accomplishment. The account would be highly interesting, if it were not for the extraordinary self-esteem, to use the mildest word, which the author displays throughout. We quote a few passages, which will convey an idea of the importance he attaches to his discovery. "I declare it as my honest and heartfelt conviction that the use of SILVER AS A SUTURE IS THE GREAT SURGICAL ACHIEVEMENT OF THE NINETEENTH CENTURY."—(The capitals are Dr. Sims's.) "After nearly four years of

fruitless labor, silver wire was fortunately substituted for silk as a suture, and lo ! a new era dawns upon surgery." "My language is nowise extravagant; and I shall yet live to see the day when the whole profession of the civilized world will accord to this simple discovery the high position of being the most important contribution as yet made to the surgery of the present century. The only thing at all comparable to it is etherization; and in practical results of permanent benefit, it [this] is absolutely contemptible when compared with those from the universal use of silver sutures in the broad domain of general surgery" ! !

In the beginning of his discourse, Dr. Sims complains that Dr. Bozeman, of Montgomery, his partner and successor, attempted to rob him of the credit of his improvements, by making another, the "button suture," though appropriating the silver wire and perforated shot, "the only things of any real value whatever." We do not wish to enter into the merits of this complaint, but follow the author to his experiments with the "button" suture, which were so unsuccessful that he was convinced the "button" was a useless addendum. "The truth is," he says, "that the great success of these operations is due entirely to the silver wire." The clamps or leaden bars had failed, and so had the perforated shot, when employed with silken ligatures, and his conviction that the "button" was useless, led him to try the effect of a simple suture of silver wire. The experiment was successful, and Dr. Sims now in general uses no other means of uniting the surfaces. In introducing the wire, he prefers to pass silk ligatures first, and with these to draw the wires after. "They should be passed in, near the edge of the fistula, taking care to embrace the whole denuded surface, but not to penetrate the mucous lining of the bladder. They should, as a general rule, be about 3-16 of an inch apart, and each tied separately by twisting the two ends of the wire together, then cutting them off, and leaving the twisted ends at least half an inch long, to facilitate their removal." The wires need not be allowed to remain longer than the eighth day.

Besides the substitution of a simple suture of silver wire for more complicated contrivances, Dr. Sims has adopted other improvements on his original plan of proceeding. The speculum is altered, according to a drawing given in the pamphlet. Instead of a needle with a long shaft, or a needle-holder, he employs a simple pair of forceps, with serrated jaws, for holding a slender, straight needle with a curved point. The catheter is furnished with a lip for conducting the urine into a cup. A better diet is allowed, and a more comfortable position for the patient is adopted during the operation. In the majority of cases she may lie on the left side. "The thighs are to be flexed at about right angles with the pelvis, the right a little more than the left. The left arm is thrown behind, and the chest rotated forward, bringing the sternum quite closely in contact with the table, while the spine is fully extended, with the head resting on the parietal bone." Dr. Sims never employs anæsthetics in these operations, "because they are not painful enough to justify the trouble and risk attending their administration."

There is one idea of Dr. Sims's which we confess ourselves unable to comprehend; we mean that of the dilatation of the canal of the vagina by the atmospheric pressure. According to him, if the patient be placed on her hands and knees, and the sphincter vaginæ muscle

be dilated, the air will rush in and distend the canal to its utmost extent, by its pressure of fifteen pounds to the square inch. If this phenomenon take place (we confess we have never tried the experiment), the explanation must be some other, we think, than that assigned by the author. The external atmosphere can exert no pressure unless there be a vacuum behind, and how a vacuum can be formed around the vagina, we cannot imagine. Even if the pelvis were very much raised, the position of the abdominal viscera, including the uterus, would be but little altered. They might fall slightly by their gravity, elongating the vagina, but this would create no vacuum, which, moreover, if it occurred, would be instantly filled by the contents of the abdomen, influenced by the same pressure on the abdominal walls.

If we have devoted rather a long space to the notice of this pamphlet, it is because the ingenuity and success of the author deserve praise. We wish we could say as much for his style. We hardly ever read any thing relating to scientific matters, written in worse taste. His absurd conceit and bombastic language will do almost as much to retard scientific medicine as his improvements in surgery have done to advance it.

The Massachusetts Register, containing a Record of the Government and Institutions of the State, and a Variety of Useful Information, for the Year 1858. *Serial Number Ninety-two.* By Adams, Sampson & Co. Boston: 1858. 8vo. Pp. 303.

This work is of great utility to every man of business, and the physician will find it both convenient and interesting, as it contains a complete statistical account of the profession in this State, arranged according to counties and towns, the irregular practitioners being designated. The following table, compiled from the *Register*, exhibits the present condition of the profession in Massachusetts.

Counties.	Regular.	Homœ.	Botanic & others.	Total. 1858.	Total. 1857.	Increase.	Decrease
Barnstable,	37	1		38	39		1
Berkshire,	71		2	73	73		
Bristol,	90	6	2	98	92	6	
Dukes,	7			7	8		1
Essex,	149	4	8	161	151	10	
Franklin,	43	1	5	49	46	3	
Hampden,	74	2	3	79	72	7	
Hampshire,	50	2	4	56	52	4	
Middlesex (*2 females),	218	6	11*	235	242		7
Nantucket,	5			5	8		3
Norfolk (*3 females),	93	7	5*	105	94	11	
Plymouth (*4 dentists),	57	1	5*	63	50	13	
Suffolk (City, 236 MMS., 102 others; Chelsea, 7), (*25 females),	345		46*	391	396		5
Worcester,	165	5	17	187	186	1	
Total,	1347	35	108	1547	1509	55	17

One physician to $732\frac{135}{1547}$ inhabitants, census of 1855; 1 to $85\frac{1031}{1457}$ aggregate vote of 1857. Increase in the year 1857, 38.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 15, 1858.

MEDICAL SOCIETIES' BY-LAWS AND THEIR INFRINGEMENTS.

We agree with a recently-elected presiding officer of a medical society, in a sentiment expressed by him in his speech on induction into office. He remarked, in substance, that he hoped the proceedings of the Society would be characterized rather by an earnest endeavor for medical improvement, than by tedious and too often wholly useless discussions in reference to the construction and application of the By-Laws. It was well known, he added, that in nearly every association there is at least one man who is "great on the By-Laws," and of whom even "The Autocrat of the Breakfast Table" speaks; indeed, he may have originated the phrase. Much valuable time is often wasted by this individual's (not the Autocrat) pertinacity in regard to the minutiæ of debate, parliamentary usages, &c.

Whilst we believe this to be very often true, it is greatly to be deprecated that too much laxity should prevail, even in medical societies, as to the details of their management. Debate goes on better, and more time is obtained for it, when the proprieties are observed and the regular times assigned for different exercises strictly adhered to. Whenever it is really necessary to depart from this order, no reasonable person will object to a suspension of the rules in the particular instances requiring it; and if the man who is "great on the By-Laws" should interfere under such circumstances, he should be at once put down. A highly esteemed and very judicious medical friend has lately expressed to us rather the opposite opinion to our own. He thinks that a society for medical improvement should always ignore the existence of their by-laws and rules, as far as possible, during their meetings, and that the proceedings should be allowed to go along easily, taking care, pretty much, of themselves. Whilst we respect his learning, value his wise counsel, and are ever ready to defer to his superior knowledge in nearly every particular, we cannot fall in with his views upon this matter; we think much is gained by adherence to the rules of medical, as well as other meetings, and that with a good chairman there need be no stiffness, nor any friction of the machinery.

There is one point upon which we have a few words to say. When by-laws are properly made and passed, and when resolutions of a chartered society are adopted by a vote of its members, the latter are bound, in all honor, we think, no less than by fear of penalty, to respect them, both in spirit and letter. There are more infringements of such obligations by members of the Massachusetts Medical Society, in good standing, than they, or the Society as a body, would be willing to acknowledge. In our issue of February 25th, 1858, a series of resolutions, set forth and adopted by the Councillors of our State Society, was published. A reference to them will show the earnest endeavor of the Council to prevent all dabbling with "secret remedies" by Fellows of the Society, as well as to express their judgment against all attempts to procure abortion.

With regard to the "secret remedies," we will only allude to one, at this time; and doubtless we shall be told that it is *not*, now, a secret remedy. It is true that the *Peruvian Syrup*, with a hypocritical show of *quasi* ingenuousness, has been announced as the "Protoxide of Iron—combined." We have previously referred to this blundering attempt to dodge the imputation of quackery; the sentence is absurdly incomplete and stupid. It was *known before* that *iron* was the active ingredient—but *with what* is it combined? Aye—there's the rub—here the secresy begins, and the trickery is established; and although we do not imagine that it is combined with anything of consequence, the effort at concealment and mystery which its proprietor thus makes, is enough to preclude its use by honorable physicians.

The first two "Resolutions" of those to which we referred above, read as follows:—

"*Resolved*, That the Massachusetts Medical Society deem it dishonorable in its Fellows to append their names in any way recommendatory of secret or quack remedies, and any Fellow so exhibiting his name shall be considered as acting in a manner derogatory to the dignity of a Fellow of the Society."

"*Resolved*, That if any physician or chemist, through inadvertence, or misapprehension, shall have been induced to give his recommendation or authority in any way to promote the circulation or sale of any secret or empirical medicine, he shall be expected publicly to disclaim or revoke the same."

We suppose that if a physician writes a prescription, knowing that it will be filled out of a bottle of "secret or empirical medicine," he virtually appends his name to it, lends his influence to its *popular* use, more or less widely, and gives his "recommendation" and "authority to promote its circulation" and "sale." The expectation conveyed in the last resolution, however, will be probably quite as unavailing as the industry and good intentions of the Councillors are, apparently, thrown away. We are cognizant of late and frequent infractions of these resolutions, in the way we have mentioned. Is there no remedy for such an abuse?

FACTITIOUS NOSE.

Dr. Willard W. Codman, dentist, of this city, some time since very skilfully adapted a nose made from porcelain to the face of a young lady who lost the end of her own through the manipulations of a cancer-quack. Whilst in this mutilated state, having been cured of the immediate injury at the Mass. Gen. Hospital, she was seen by an officer of the Institution, who interested himself in her welfare and applied to Dr. Codman in her behalf. She was also retained in the Hospital, and her board paid as a patient during the attempt at reparation of the injured feature. We quote a paragraph from a communication in the *Transcript* of March 5th, over the initials of the gentleman who initiated this charitable project.

"Dr. Codman took a cast of her face, and, after repeated trials, succeeded at last in making a porcelain nose, to be worn with spectacles. It is of the exact shape of the original organ, and of a color like that of the natural skin. There is nothing in the least repulsive or unsightly about it. Under a common veil, it would not even be noticed. The young girl has gone back to New Hampshire, having derived infinite relief, under what seemed to be a hopeless deformity; and in her behalf, I would bear public testimony alike to the eminent professional ability manifested by Dr. Codman, and to the disinterestedness which led him to offer his services to this poor and comparatively friendless girl, *gratuitously*.

N. I. B."

Quarterly Payments.—We observe from the report of the meeting of the Boston Medical Association, that a resolution was offered by Dr. Bowditch, for adoption by the Association, recommending to members to present their bills for medical attendance quarterly, instead of half-yearly, or yearly, as heretofore. The resolutions were referred to the Standing Committee, who will report upon them at the Annual Meeting in May. We are glad to see this subject brought before the profession, and we hope the Committee will report in favor of the adoption of the resolution. There seems to be no reason why physicians should not be paid every quarter, instead of being obliged to wait, as is too often the case, a whole year, or even longer, for money which is justly due them. Now that the system of long credits is being abolished, it is more necessary than ever to have the means of paying our own quarterly bills. If physicians' bills had hitherto been paid quarterly, as a rule, a large amount would have been saved to them during the past year, which was utterly lost. How many people of wealth who could have paid with ease their doctors' bills on the first of July, lost all their property before the first of January.

Suffolk District Medical Society.—At the Annual Meeting of this Society, held Wednesday, April 7th, the following officers were elected: *President,* A. A. Gould; *Vice President,* C. G. Putnam; *Secretary,* C. D. Homans; *Treasurer,* A. A. Watson; *Librarian,* R. M. Hodges; *Supervisors,* M. S. Perry, A. B. Hall; *Commissioner on Trials,* E. Buck; *Councillors,* J. Bigelow, G. Hayward, E. Buck, J. Ware, J. Homans, J. Jeffries, W. Lewis, D. H. Storer, J. Flint, C. G. Putnam, H. G. Clark, H. I. Bowditch, J. M. Warren, S. Durkee, H. Dyer, A. A. Watson, A. A. Gould, E. Palmer, Jr., G. Bartlett, M. S. Perry, J. B. S. Jackson, N. B. Shurtleff, C. Gordon, J. B. Forsyth (*Chelsea*), C. E. Ware, P. M. Crane, W. J. Dale, J. Ayer, W. E. Coale, S. Cabot, H. J. Bigelow, J. B. Alley; *Censors,* W. W. Morland, H. W. Williams, W. E. Coale, C. E. Ware, Francis Minot.

Health of the City.—The mortality of the past week is quite small. The most fatal diseases, after consumption, were pneumonia and scarlatina. The coincidence between the returns and those of the same week of 1857 is striking; thus, the total number for each was 65, the deaths from consumption 14, from apoplexy and croup 2 each. Last week there were 6 deaths from pneumonia and 4 from scarlatina, against 4 and 13 for the corresponding week of last year.

Married,—At Brooklyn, N. Y., 8th inst., J. M. Allen, Jr., M.D., to Miss Eliza Stanton.

Died,—In Worcester, 8th inst., Dr. Oliver H. Blood, 57.—In Blandford, Mass., March 26th, Dr. Silas P. Wright, 62.—At Westport, Conn., April 7th, Joseph Jauncey, M.D., eldest son of the late Dr. Joseph Jauncey, of New York.—In Troy, N. Y., Dr. Avery T. Skilton.—In Philadelphia, April 5th, Dr. John K. Mitchell, long known as a Professor in Jefferson Medical College. Dr. M. was a native of Virginia, but had been for a long time a resident of Philadelphia. He ranked high in the profession.

Deaths in Boston for the week ending Saturday noon, April 10th, 65. Males, 37—Females, 28.—Accident, 1—apoplexy, 2—asthma, 1—bronchitis, 1—congestion of the brain, 1—disease of the brain, 3—consumption, 14—convulsions, 1—croup, 2—dysentery, 1—dropsy, 2—dropsy in the head, 5—debility, 1—infantile diseases, 3—puerperal diseases, 1—scarlet fever, 4—typhoid fever, 1—disease of the heart, 2—inflammation of the lungs, 6—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 3—old age, 2—palsy, 3—teething, 1—whooping cough, 1.

Under 5 years, 25—between 5 and 20 years, 9—between 20 and 40 years, 18—between 40 and 60 years, 5—above 60 years, 8. Born in the United States, 47—Ireland, 16—other places, 2.

Buffalo Medical College.—The Annual Commencement of this College took place on the 23d of February. Ex-President Fillmore, Chancellor of the University of Buffalo, conferred the medical degree on nine young gentlemen. The distinction of special mention in regard to particularly meritorious theses was conferred by the faculty on five gentlemen; and the honor of an authority to publish, on two of these. The charge to the graduates was given by Prof. Moore, of Rochester. The following brief extract from a notice of it, in the Buffalo Medical Journal, will convey some idea of the subject and style of a portion of the charge:—"To the physician, however, to his pocket and fame, drugs are the amulet which is indispensable. The physician who gives advice is, by the masses, rejected for him who gives physic. The people have no appreciation of the silent forces of nature, and how gently and easily they may be guided by the skill of the acute, investigating physician. They wish physic, pills, boluses and potions, big or little, and as long as the appetite exists they will have them."

Jefferson Medical College, Philadelphia.—At a public commencement, held March 9th, the degree of Doctor of Medicine was conferred on 209 graduates of this school. The usual charge was delivered by Prof. Charles D. Meigs.

Medical College of Ohio.—Commencement at Cincinnati, March 2d, when the degree of M.D. was conferred on 43 graduates. Address to the class by the President of the Board of Trustees, Hon. J. P. Foote.

Nashville Medical School.—The number of students attending the late session of lectures of the Medical Department of the University of Nashville, was 353. Of these, 109, having complied with all the requisitions of the University, were proposed by the faculty for the degree of Doctor of Medicine, which was accordingly conferred upon them.

Medical College of the University of Michigan.—The exercises at the Annual Commencement of this school, at Detroit, took place March 20th, on which occasion 27 gentlemen received the degree of Doctor of Medicine. The address was by Dr. J. H. Beech, of Coldwater.

Number of graduates, this season, in the Medical College of Georgia, 61; University of Pennsylvania, 145; Oglethorpe Medical College, 11; Pennsylvania Medical College, 35.

Mortality in New Orleans for the Year 1857.—Whites, of both sexes, 6,067; colored, of both sexes, 1,096. By cholera, 29; yellow fever, 199; scarlet fever, 86; trismus nascentium, 199; consumption, 661. To these may be added—stillborn, 398. According to the report of the President of the Board of Health, three-fourths of the stillborn, and three-fifths of the trismus cases, occur in the hands of the ignorant midwives. Subtract, then, as unnecessary deaths, half the still-born and half the trismus cases (in all amounting to 298); and then deduct one half the consumption cases, as being deaths occurring amongst persons who have contracted the disease elsewhere, and who really come here only to die (being 330), and we have a total of 628 to deduct from the total mortality of 6,067—thus leaving us something like a fair total mortality of 5,439 for the past year. Assuming our population, then, to be about 170,000 (and this is thought to be a very fair estimate), and we have a mortality of about one in every thirty-one of the inhabitants.—*N. O. Medical News and Hospital Gaz.*

Missouri State Lunatic Asylum.—From Fulton, we learn that the State Lunatic Asylum is crowded to its utmost capacity, containing one hundred and sixty inmates. The condition of the patients, so far as general health and comfort are concerned, is most favorable. The Institution is in good hands, and is a credit to the State.—*St. Louis Med. and Surg. Journal.*

Novel Importation.—Among the cargo of the Dane steamer, discharging in the Southampton docks on Saturday, from the Cape of Good Hope, were seven cases, addressed to Dr. Schwarz, Germany. The contents being unknown, they were taken to the "sight floor" for examination by the Customs' officers, when they were found to contain various specimens of natural history. One case was filled with human bones, and in another case were four tins, each containing the head of a negro, preserved in brandy in a jar closely secured in the tin. The whole were in the most perfect condition.—*London Times.*

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REMARKS ON ELONGATION OF THE UVULA AS A CAUSE OF DISEASE.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN we reflect upon the numerous, and at times insidious causes, capable of producing, or arousing into action, a latent predisposition to disease, in one or more parts of the respiratory organs, the following remarks will not, it is hoped, prove devoid of interest to some of the numerous readers of this JOURNAL. Although the subject to be noticed may not be of frequent occurrence, physicians occasionally have presented for their consideration an assemblage of symptoms, indicating the existence of a more or less severe affection of the bronchi, or lungs, or of other parts of the body, which may eventually be found to depend entirely upon an elongated palate. Such symptoms may vary from those of a mild, or scarcely noticeable character, as a slight irritation of the throat, evinced by a constant clearing of the same, frequently accompanied by a hacking cough; to those, in which the cough may prove severe and persistent, with more or less expectoration, at times of a muco-purulent character, or even other symptoms which as yet may not have produced any recognizable physical signs by a careful exploration of the chest. In addition to the general signs of a bronchial affection, others of a totally different character have been recorded, the result of that apparently trivial cause, an elongation of the uvula, as will be strikingly evinced by the case appended; emanating from the well-known Prof. Physick, of Philadelphia. Whether such a continued source of irritation is capable of producing a case of confirmed consumption, in an individual of good health, known to be unaffected by an inherited tuberculous taint, will doubtless be admitted with some hesitation, while few will deny the possibility of such a result in one of a weakly constitution and impaired health; more especially, should the parents have evinced any of the signs of a tuberculous constitution. In the event of such a case being presented, how mani-

festly important for the physician to be aware of the possibility of an elongated palate proving one of the many secondary causes of a disease so universally prevalent as consumption, or chronic bronchitis, in reference to the treatment of which, more especially the former, the sooner appropriate hygienic and medicinal measures are instituted, the more reasonably may there exist a hope, or rather a firm belief, in the power of perfectly arresting the progress of a much dreaded, and, alas, too fatal disease.

In my own practice, I have witnessed the most speedy and happy results accruing from the excision of a portion of the palate, in consequence of the long continuance of those symptoms of a severe affection of the lungs, in which serious apprehensions had been entertained as to the result. Within the past two months, the following interesting case was admitted into the wards of the Charity Hospital, under my charge. The patient had been suffering for nearly two years, from a violent cough, soreness of throat, considerable expectoration, now purulent, and latterly a good deal of pain in the chest. In the apex of the right lung, there were present all the distinctive signs of a tuberculous condition. For some time previously to his entrance hiccough had been almost incessant and severe, with much expectoration, preventing, in great measure, sleep at night. After an exploration of the chest by auscultation and percussion, which revealed a serious state of the lung, the throat was examined and found highly inflamed, with an elongated uvula, lying upon, and extending below the root of the tongue. Obliged to defer the excision of a portion, in consequence of the want of a proper instrument; finding the tongue much furred, with all the external signs of a bilious derangement, and the patient's strength being sufficient, I determined to commence the treatment by the exhibition of an emetic of ipecacuanha, as follows: ℞. Pulv. ipecac., ʒ i.; pulv. capsici, gr. vi.; to be given at once, and followed by the free use of tepid salt and water to facilitate its operation. Free vomiting resulting, a mustard and cayenne poultice was to be applied to the abdomen, and, in three hours after the emetic, the following mixture was directed, in the dose of two teaspoonfuls every two hours. ℞. Nit. potassæ, ʒ iij.; tart. ant. et potass., gr. i.; liquor morphiæ, ℥ i.; aqua, ℥ vi. M. The following gargle also to be used several times in the hour, during the day: ℞. Nit. potassæ, ℥iv.; syrup morphiæ, ℥ ij.; aq. camphoræ, ℥ i.; aqua, ℥ viij. M.

The following day, in presence of several students of medicine, about three quarters of an inch of the palate was removed with a pair of curved scissors, the palate being held by a long forceps with a rough end to fix it firmly while being cut. It was found that the emetic had operated thoroughly, two basins full of dark bilious matter being thrown off, greatly to the man's comfort, as he remarked. The medicine and gargle had been regularly used. He had coughed considerably during the night, and had not enjoy-

ed much sleep. This day he was coughing very frequently before the palate was cut off, and the throat presented much the same appearance as yesterday. After shortening his uvula, he was ordered to continue the medicine and gargle, with, in addition, an ordinary cough mixture, to alleviate the cough. The diet then, and for several days, was ordered to be farinaceous; and his only drink, an infusion of elm bark, with the addition of gum Arabic. It is unnecessary to continue the daily report. Suffice it to state, that the cough and inflammation of the throat decreased daily, and at the end of about two weeks from the excision of the palate, so materially was he improved, that he requested his discharge, for the purpose of resuming his occupation as hostler. I should have been better pleased had he remained some time longer, to have given an opportunity of watching the progress of the disease of the lung, and of deciding as to the probable connection between it and the elongated uvula. The immediate benefit, however, resulting from the operation, was apparent to all who were present the following day. Another patient remarked that his respiration was far easier, that his cough had sensibly decreased, and that he had slept quite comfortably the same night. The inflammation of the throat had also diminished, more so than could have been expected from the conjoint use of the gargle and medicine.

In reply to queries, the man stated that he had sought medical advice, had been prescribed for, but that the throat had not been examined. Whilst it is impossible to express, with certainty, a positive opinion as to the elongated palate having been the direct cause of the existing disease of the lung, or whether this, by appropriate treatment, might have been permanently cured, there can be no doubt of the immediate decided improvement following the excision; and had the operation been performed at an earlier period, there are good reasons for believing that the disease of the lung might not have progressed to the degree in which it was found.

From the above fact of remissness, is it irrelevant to suggest the absolute necessity, in all cases of mild or severe coughs, accompanied or not by physical signs, to examine carefully the condition of the palate and adjoining parts. The importance and value of such suggestion derive additional force from the history of the following case, reported in the *American Journal of Medical Sciences* for 1828, Vol. I., page 262, by the late Dr. Physick, then Professor of Anatomy in the University of Pennsylvania. The article is entitled, "A case of Obstinate Cough, occasioned by Elongation of the Uvula." In order that all of the extraordinary particulars of this unique case may be correctly understood, the entire report of it is here given, as written by Dr. Clarke, of New Orleans, to Prof. P.

"In June last, 1827, a young lady, afflicted with a very obstinate cough, applied to Dr. Physick, and gave the following history of

her case. 'The first circumstances which had any connection with the singular affection of this young lady were a complaint of constant headache, attended with a disposition to vomit, without nausea occurring first, during convalescence from an attack of remittent fever in May, 1826. The latter symptom soon became the most prominent, and increased to a constant effort to retch, in which nothing was thrown up from the stomach, and which was not relieved by free vomiting. At this time, no complaint was made anywhere but in the head. Considering the gastric irritation as sympathetic of an incipient cephalic affection, leeches were applied to the temples and behind the ears, and some doses of active cathartics given. No advantage was derived. The retchings became nearly constant, and from a noisy effort to vomit, it gradually changed to a convulsive cough, altogether involuntary and uncontrollable, and conveying an impression as if something obstructed and irritated the organs of respiration. This is, as nearly as can be described, the character of the cough ever since. The first paroxysm increased in violence for a number of days, and until the 8th of September, when, about midday, after vomiting (which was at this time not unusual with her), in which she threw off a quantity of white tough mucus, she fell into a state of extreme prostration. The cough ceased, and she appeared to be dying. From this she slowly revived through the evening, and on the next day there was a degree of reaction, amounting to fever, which gradually subsided and left her quite well. The mucous expectoration likewise, though at the time regarded with some interest, has, in the latter attacks, been produced occasionally in vomiting, but never followed by the same alleviation. On the recovery from the first attack, she remained well for two weeks, when she was again seized with the same spasmodic cough, attended with pain in the breast, but not preceded as before with any irritation of the stomach. This, after continually increasing in violence for about eight days, again left her in the same manner it had done in the first instance. After an interval of three weeks, she had another attack of the same duration, and of extreme severity. Since this, there have been two more, but at longer intervals, and not altogether of the same severity. The dates of the different paroxysms are the early part of September, of October, of November, of January, and of May. During the long interval between January and May, a slight cough of the same peculiar character has seized her every morning on awaking, after which she remains entirely exempt for the remaining twenty-four hours. At first it lasted for a few seconds only, but its duration gradually increased to thirty or forty minutes. Since the last violent attack, it has been reduced to only a few moments' continuance.

"After many remedies had been used in the above case, without affording any permanent benefit, the patient was sent to Philadelphia, and Dr. Physick consulted. The circumstances appeared to

him to point out an elongation of the uvula as the cause of the disease. On examining the throat, he found that such an elongation actually existed. This was explained to the patient and her friends, and the excision of a part of the uvula was performed, immediately after which all the symptoms ceased entirely, and have not since returned in the slightest degree."

When the experience, for a long number of years, combined with the acknowledged judgment, of the late Prof. Physick, is considered, it is a source of regret that it was not more his habit of contributing in writing, for the benefit of fellow laborers in the profession, the results of the vast number of interesting cases sent to him from every section of our country. The knowledge of this fact will account for the phraseology of part of the above, which was written by his son-in-law, the late Dr. Randolph, of Philadelphia. In conclusion, I can state that the subject of the above case is at present in the enjoyment of perfect health.

RECORD OF OBSTETRICAL CASES.

[Communicated for the Boston Medical and Surgical Journal.]

In behalf of the Middlesex East District Medical Society, I published in the number of this Journal for May 7th, 1857, a record of five hundred and eighty-six obstetrical cases. I have now to offer you four hundred and fifteen cases which have occurred during the year 1857, and I have reported them, as nearly as possible, in the same manner that I did the former, so that the two reports may be compared with each other, or the average of the whole number (1001) may be readily computed.

The publication of the first set of cases has caused some manifestation of interest, by a few gentlemen outside our own District, and, on this account, I think a greater number of cases will be recorded, and, of course, reported for 1858.

I regret to say that *all* the members of even our limited District, do not hand in their reports for this record; and that, therefore, I do not think it is yet time to ask the Society at large to do it. I will say, however, that, to any one who desires it, I will forward blanks, which should be returned to me during the first week in January, and I will include them in the report.

There were 415 births, and 421 children born; 6 twin births, being one in $69\frac{1}{6}$ cases; 209 males, 212 females.

Average duration of pains among

257	American women,	14 h. 00 m.
121	Irish "	12 " 15 "
9	English "	9 " 35 "
4	Nova Scotian	10 " 30 "
4	German "	24 " 15 " (one 48 hours.)
1	Canadian	16 " 30 "

4 Scotch	women,	24 h. 15 m. (one 72 hours.)
2 P. E. Island	"	5 " 20 "
2 N. Brunswick	"	19 " 30 "
13 not recorded.		

Longest time of these cases was 6 days; 5 of 3 days; several of 30 minutes.

141	were 1st births.	7	were 7th births.
94	" 2d "	4	" 8th "
67	" 3d "	6	" 9th "
34	" 4th "	5	" 10th "
31	" 5th "	3	" 11th "
23	" 6th "		

Number of children born in

June	21	April	32	August	40
May	22	September	36	December	42
February	29	March	38	January	45
July	29	November	39	October	49

From 6, P.M. to 12, A.M.,	there were, births	110
" 12, A.M. to 6, A.M.,	" "	115
" 6, A.M. to 12, M.,	" "	101
" 12, M. to 6, P.M.,	" "	85
Not reported,		4

In 405 cases, the average time of the "breaking of the waters" previous to birth was three hours and eighteen minutes. Longest time fifty-four hours.

The proportion of miscarriages that had befallen 257 American women, previous to these records, is 1 in $3\frac{59}{66}$; 121 Irish, 1 in $9\frac{4}{13}$; 2 English, 4 mis.; 1 Scotch, 1 mis.

In 408 single cases, there were 13 other than normal presentations, 1 in $31\frac{5}{13}$, viz.: breech and footling, each, 1 in 102; face to pubes, 1 in $81\frac{2}{5}$.

Average time in attendance on 414 cases, $4\frac{1}{4}$ hours.

Twin Cases.

First. American. A miscarriage at 5 months. Neither lived.

Second. Irish. Presentation of first, natural; of second, breech. Both females. There was excessive flooding. Mother and children did well.

Third. American. Presentation of first, natural; of second, foot. Male and female.

Fourth. American. Presentation of first, natural; of second, face to pubes. Male and female.

Fifth. American. Presentation of first, natural; of second, breech. Both males.

Sixth. American. "One living, weighed $4\frac{1}{2}$ pounds; the other died in utero, should think at 4 months. The mother, at that period of pregnancy, had gone through mental trouble and much bodily exercise."

Average weight of 118 children, $7\frac{32}{37}$ pounds.

In 5 cases the forceps were used; cases successful.

Stillborn, 7; died at birth, 2. Hour-glass contraction, 2 cases. One of the stillborn was delivered with the blunt hook.

Brief remarks on Cases.

"The left foot presented, toes toward pubes of mother; right could not be got down, but came down with the breech, which gradually turned as it advanced, so that the toes looked toward the right side, then toward right sacro-iliac junction, occiput presenting toward left acetabulum. Moderate traction was used during the latter stage. Child asphyxiated for a short time. Both did well."

"Patient had hernia, and wore a powerful truss which forced the womb to right side. Nature terminated the case, kindly."

"Ten children born in 8 years from marriage, less 3 days. Last case, twins."

"Retained placenta, half of which had been removed by midwife; I removed the remainder *per manum*. Hour-glass contraction."

"Adherent placenta, *per manum;* ice, ergot, bricks; recovery."

"Mother had lateral curvature of the spine, and one hip dislocated; Hodge's forceps; successful."

"Child web-footed and fingered."

"Flooded, from accumulation; coagula broken up *per manum*, arrested at once."

"Placenta adherent to anterior of womb, gently separated and removed, without flooding."

"Twenty-four hours after delivery, convulsions; recovery."

"The membranes broke as the first indication of illness at 2.30, P.M., attended with alarming flooding, *but without pain*. Saw her at 3, P.M.; gave ergot at 3.30; pains commenced at 4.30, child born at 5.45. Both did well."

"Prolapsed cord; profuse flooding before I saw her; checked by advancement of head. Child born dead."

"Found case in hands of midwife. Child born, placenta undelivered, dead, supposed from compressed cord."

In the management of recently delivered women, so far as my own limited experience goes, unwillingness to remain in or upon the bed, or, at least, in a quiet and recumbent position, for a sufficient period of time to allow of the natural restoration of the reproductive organs to their normal unimpregnated condition, is the greatest source of trouble. In many cases, even the imperative *you must* will not avail. They will risk the consequences. I know there are many instances in which "to be about the house" seems to be a necessity quite insuperable, and these cases afflict the thoughtful physician more than all others; for these, for the most part, in after years, or *months* it may be, cannot employ others to do their work while they lie by, under treatment.

You have published, in full, the sad case of death by inversion

of the womb, caused by unwarranted "pulling the cord" by a midwife. Many women, and highly intelligent ones, still trust themselves to the same incompetent hands.

For the Middlesex East District Medical Society,

Winchester, March, 1858. WILLIAM INGALLS.

P. S. Very many people, and among them some well informed and highly successful practitioners, pronounce the word *gum* as though it were written *goom*, and, occasionally, it is made to rhyme with *tomb*. Excuse me for mentioning it. W. I.

EXTIRPATION OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—By giving an insertion to the following communication, you will greatly oblige Yours, &c. G. KIMBALL.

In the collection of *Remarkable Cases of Surgery*, lately published by Paul F. Eve, M.D., of Nashville, Tenn., I find a notice of a case of mine, which appeared in the Boston Medical and Surgical Journal of May, 1855, and with the following caption: *Gastrotomy and excision of a part of an enlarged Uterus.* This account of the case, which is copied entire from the JOURNAL, is prefaced with the following comment:

"We find no description of the organ said to be extirpated, nor of the Fallopian tubes, ovaries, or round ligaments. Neither are we informed when the ligatures came away. Eight months after their application, we learn that they could not be removed. Another fact has struck us in the details of this case, about these ligatures; they are referred to as producing irritation, causing considerable annoyance from mere local irritation, a good deal of discomfort, particularly in the exercise of riding and walking, and pain always followed the efforts to detach them; still their presence was looked upon as a mere *inconvenience*, and not implying any danger."

In view of the statement which Dr. Eve makes in the "*Introduction*" to his work, that he should "*be studious to do injustice to no one*," I am forced to look upon the liberty he has taken in supplying a new caption to my report, and the prefatory remarks that follow, as somewhat remarkable. Had I supposed that any person of fair understanding, and an unprejudiced mind, upon reading the account of my case could ever raise a reasonable doubt as to the truthfulness of what I claimed to have accomplished by it, as therein set forth, I certainly should have taken care to put in evidence of a greater number of facts, even at the risk of being tediously minute. I might have added, for instance, that the morbid specimen, immediately after its removal, was examined before several professional gentlemen who had been present and assisted in the operation; that the day following, it was placed in

the hands of Dr. Alonzo Clark, the distinguished professor of Pathology, by whom it was examined and commented upon before his class at the Berkshire Medical Institution. Neither from him or any person, so far as I know, has there ever been an intimation that all that I have claimed in the report of my case was not strictly correct.

The specimen in question is still in a good state of preservation, and may be seen in the pathological collection of the above-named institution. It will clearly illustrate, moreover, to the captious critic, the fact of "*the possibility of removing the whole of the uterus by the operation performed in this case.*"

As to the matter of *ligatures*, so significantly alluded to in Dr. Eve's comments, I am happy to be able to put all doubts at rest by the following letter from the physician who was in attendance upon the case from the beginning:

Dr. Kimball,—Dear Sir,—Yours of the 18th was received on Saturday last. The last time we met was in May, 1855, when Mrs. Talcott was in rather feeble health—a fistulous opening still remaining, and the ligatures still attached and causing considerable annoyance. Some few months after this, she discovered the string gone, when or how she knew not. The opening healed quickly, her health became good, and has remained so up to this day.

Mrs. T. lives five miles from me, and I do not see her often; still I can say she is in good health, with flushed cheeks, and in all respects one of the healthiest looking women of the day.

Rockville, Ct., Jan. 25th, 1858. Yours, truly, A. Skinner.

M. TROUSSEAU ON THE TRANSMISSION OF SYPHILITIC POISON.

[Concluded from page 222.]

No one is ignorant that syphilis is contracted when, without previous excitement, the infectious pus is brought in contact with a denuded surface. Introduce, for example, beneath the skin of the thigh the virus of a syphilitic chancre, and you will cause the evolution of a chancre equally contagious. But this is not the ordinary method: the inoculation takes place during sexual excitement, the woman having on the neck of the uterus, on the vulva or in the vagina, specific lesions. The introduction of the penis, even though it may not be abraded, is sufficient to inoculate it with the venereal poison; there takes place, probably, a sort of endosmosis.

The child contaminates by sucking the nipple of the nurse. The lesions of the mouth are often the first which appear in newly-born children affected with syphilis: I have proved to you this fact in the case of two little patients in our ward. When the infant puts out its lips to suck, the nipple takes on a state of erection, and it is this erection which, after a certain time, produces the flow of the

milk and makes it gush out. It is a true ejaculation of the mammary glands. In the same way the erection of the male organ produces the secretion of semen and the ejaculation from the vesiculæ seminales.

This comparison may seem to you very strange, but it is physiological and very exact. This erection of the nipple is repeated at frequent intervals, and women, to quiet their infants, allow them to remain at the breast sometimes two, three and four hours at a time. You can easily understand how serious a thing it is, this prolonged contact under such active conditions, both for the child which is exhausted by its efforts to nurse, and for the nurse whose nipple remains in a state of continuous erection.

In the sexual relation, although the contagion is the result of an excitement of the organs of generation, by means of a process of endosmosis, the transmission of the syphilitic poison from the child to the nurse is effected by means of excoriated surfaces. We see every day, in fact, the nipples of nursing women becoming the seat of excoriations and fissures, due sometimes to a bad conformation of the breast, sometimes to the voracious appetite of the infant. You perceive, then, how easy the inoculation becomes: it is produced directly by the diseased lips of the child on the excoriated nipple of the nurse. This mode of propagation may not be common, but it is none the less true that examples of it are multiplying every day.

Look at the well-established facts: syphilis is transmitted to the child after its birth, by its mother, its nurse, or some other person, and it is also communicated from the child to its nurse. You may pronounce upon these points with entire certainty as to the cause: but your advice may be asked on a question infinitely more complicated; in the case, for example, where a child affected with congenital syphilis is confided to a nurse infected with disease of long standing.

A short time since, M. Ricord, with one of our fellow practitioners in Paris, and myself, gave a certificate as experts in a case of this kind. The tribunal of the first process (*Tribunal de première instance*), gave us the case, but the Imperial Court reversed the decision.

A child comes into the world with all the appearance of good health, and is placed at nurse in the country. A fortnight after its birth, it is taken with measles, a disease then epidemic in the country, and sinks at the age of a month or five weeks, from *a kind of affection of the skin which had succeeded to the measles.* The nurse took back her own child and gave it the breast; a fortnight after, it presented morbid phenomena of the buttocks, nose and skin—all the symptoms, in a word, of constitutional syphilis.

Suffering from some symptoms and coming to Paris, there is found on this woman an enlargement of the inguinal glands, chronic, and certainly dating back many months. No traces of chan-

cres were detected in the vulva. Some mucous patches existed on the breast, but without any kind of swelling of the axillary glands.

Our conclusions were about as follows:—

1. There exists in the nurse an engorgement of the inguinal glands. Now such an induration shows a chronic disease:

2. Such an engorgement of the inguinal glands, shows that syphilis commenced in the genital organs; now a nursing child does not transmit, in this way, syphilis to its nurse, but through the nipple:

3. There were no symptoms to show inoculation by the nipple, for if a chancre had been developed there, the axillary glands would have been affected, and this was not the case. Besides, the child of the very woman herself is here, to accuse, most positively, its own mother, for it was affected with constitutional syphilis fourteen days at most after it was placed at her breast. Now it is impossible for a constitutional syphilis to appear in a child a fortnight after the appearance of an infectious chancre in the mouth.

We demonstrated, therefore, in our conclusions, the certainty of the venereal affection in the nurse before her confinement; before the time, consequently, when the child was confided to her. We could not say whether the child had been previously tainted with the disease or not, for we did not know; we *did*, however, know that the parents, carefully examined by us, and on frequent occasions, showed no trace to excite suspicion. We finally gave our certificate that the nurse's own child was affected with congenital syphilis, and that it had taken the disease from the mother.

On the first trial, I have told you, our decision gained the case; but in an appeal, *the parents were condemned to pay to the nurse a considerable indemnity.* Justice has pronounced, and I will not recriminate; but what I may say, is, that magistrates are ordinarily badly informed on such matters. Therefore I cannot too much impress upon you the importance of not forgetting such facts, for you will be consulted some day or other under analogous circumstances, and you see how important it is to prevent a judicial decision bringing disgrace upon a family, and the accompanying loss of a considerable sum of money.

Permit me now to say a few words on the subject of paternal infection.

Under what conditions will a father who has had syphilis transmit it to his child? It is extremely difficult to say. In fact, individuals who seem sometimes the most completely cured, and who are suffering under no actual symptoms, remain nevertheless beneath the stroke of a diathesis of which the manifestations will appear, independently of all new contamination, four, six or eight years after; and often they will beget syphilitic children.

One of the most distinguished clinical lecturers who has preceded me in this chair, Recamier, was in the habit of telling us, in

speaking of constitutional syphilis and its hereditary transmission, that very numerous facts observed in his practice had taught him that some men, married, with the appearance of the most flourishing health, to women equally healthy, had never been able to procreate anything but abortions. The children were born dead at the sixth or eighth month of pregnancy, or if they were carried to the full term, they did not live long. Recamier attributed this premature fate, not to the bad constitution of the mother, but to an antecedent syphilis of the father. If he had an opportunity of questioning him and analyzing the pathological details of his life, he found his suspicions confirmed. On submitting the father and sometimes the mother to a specific treatment more or less decided, these unfruitful marriages returned to the general law of nature.

I was struck at the commencement of my studies by this grand fact, which Recamier proclaimed in this place, and I have myself been able to confirm its entire exactness sufficiently often.

Eleven years since, I was summoned to perform the operation of tracheotomy. I saw the patient in consultation with M.M. Rayer, Bouillaud and Blandin. The patient was dying by suffocation from a disease of the larynx, which was rapidly modified by the use of mercurial preparations, and was completely cured under the use of iodide of potassium. He was a man of athletic vigor, presenting all the appearance of robust health. He informed us that at the age of nineteen or twenty years he had had syphilis, but that since that time, never having had any venereal symptom, and believing himself radically cured, he had married. His wife became pregnant and continued so up to the sixth month, and six times the children failed to reach the full term, although the mother remained in excellent health. These premature children had all exhibited lesions of the skin, which had appeared very strange to the physician, and led him to suppose *a vice of constitution in the woman.*

One of my friends, whose youthful days had only been slightly marked by syphilitic symptoms, was married and saw his first children perish one after the other before they had reached the normal term of gestation: they had the skin covered with excoriations, on the nature of which I pronounced with difficulty. The father showed no sign of venereal disease. I put him, however, on the use of iodide of potassium, and I did well; for he had afterwards five perfectly healthy children.

At what time will an individual who has had syphilis not be liable to transmit this sad inheritance to his children? This is a difficult thing to say.

Two years ago a young man, affected with a very grave constitutional syphilis, was married one month only after the evident amelioration of his symptoms. He was still suffering; the cervical ganglia were still engorged, so that I wished the marriage de-

ferred. This was impossible. His wife became pregnant, and the child born of this union is, to this day, wonderfully healthy; it is fifteen months old.

Thus a man who happens to have constitutional syphilis with grave symptoms, and who is not yet clear of the affair, cannot communicate syphilis to the child which he begets; while others, apparently absolutely free from the disease, have the deplorable privilege of infecting their descendants. Listen to another story in support of the first of these two propositions:—

An officer had contracted syphilis in 1813, and the disease remained upon him, he being on active duty, until the peace of 1814; he even had traces of it during the campaign of 1815. Shortly after the year 1816, the cure was complete. The general was married in 1830. He consulted me at that time, and I persuaded him to treat himself vigorously before his marriage, for he had syphilitic coryza. He followed my advice. From this union two children were born, who are living to-day, and are remarkably healthy. Yet the general was not cured, and this is evidence of it. In 1837, when he had not been exposed to any new contamination, he was taken with a syphilitic psoriasis and a specific coryza which affected even the bones of the nose. Again subjected to syphilitic treatment, he again recovered; but in 1853, although advanced in years, he came again to consult me about this coryza and psoriasis, which had again appeared. Syphilis was still powerful in his system and inveterate in its character, and yet his children have inherited no disease!

Syphilis is not, then, inevitably transmissible; but the cases of its propagation are nevertheless so common, that in a service of young children, such as that of the Hospital Necker, I have every year fifteen or twenty nursing infants affected with congenital syphilis. Here, also, in our little ward of women recently confined, I can always show you, in the summer service, many newly-born children affected with the same disease.

Finally, to make this lesson as complete as possible, let me inform you what I understand to be the proper treatment for venereal disease in these little patients. I regularly advise baths of corrosive sublimate, of the following composition, viz.:—Corrosive sublimate, fifteen to thirty grains; alcohol, two fluid drachms and a half; distilled water, a fluid ounce. Make a solution to be poured into the water of the bath.

I prescribe, at the same time, the liquor of Van Swieten in the dose of fifteen grains, which is equivalent to about one sixty-sixth of a grain of deuto-chloruret of mercury. The treatment should also be extended to the nurse. To her I administer the iodide of potassium, in the dose of from seven to fifteen, thirty or forty-five grains a day, and during many months in succession; suspending it only for a time, and never failing to return to the same medicine.

As for acquired syphilis, it is to be treated in the child precisely as in the adult.

Such are the considerations, clinical, medico-legal and therapeutic, which I have to offer you in regard to syphilis in the infant. If you keep them in memory, I hope that they may some day enable you to avoid some of the rocks which lie in the track of our profession. S. L. A.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

FEB. 8th.—*Malignant Disease of the Uterus; Cystic Disease of the Iliac Muscle.* Dr. CHARLES E. WARE exhibited the specimen.

It was from a woman 52 years of age. Her catamenia ceased at 48. About two years after, she began to have attacks of flowing, with lancinating pains about the region of the uterus. She was seen by Dr. Ware, and examined early in the spring. She had then a ragged ulcer of the os, with enlargement, and hardness of the cervix, frequent attacks of hæmorrhage, some pain, and her general health was beginning to fail. It continued to fail through the summer, and in September she was first attacked with severe pain in the left hip, extending down the leg, accompanied by some numbness, and inability, on account of the pain, to extend the leg. For a week or two this entirely crippled her. She was then able again to walk about, but never got a free use of the leg afterwards. No tumor could be discovered at any time in the pelvis. The function of digestion remained unimpaired until November. At this time, there began to be embarrassment of defecation, and early in December little came away, even with the aid of injections. For six weeks before death, nothing whatever passed the bowels. The vagina was also closed. Nausea, vomiting and dyspnœa came on, and she died one week after.

On examination, *post mortem*, the uterus was found extensively diseased, a small portion of the fundus alone being healthy. The rectum was closed, and the disease was just beginning to appear through the walls of the bladder.

There was also cystic disease within the pelvis similar to that reported some time since, involving the psoas muscle.—(*Society's Records*, Vol. III, p. 152). It appeared to occupy the iliac muscle, was of the size of the two hands, tense and firm, with the crural nerve running over it. The cyst was within the muscle or under it; and very firmly adherent to the bone. It contained a reddish fluid, and was intersected by bands. There was no destruction of the periosteum.

MARCH 8th.—*Tumor of the Larynx.* The specimen was received from Dr. ADAMS, of Waltham, and was shown by Dr. BOWDITCH, who also read the following account of the case.

Dr. A. saw Mrs. N. for the first time in 1849. She was then suffering from a severe bilious difficulty, attended with great yellowness of the skin. She stated that she had had several such attacks, which had always been attended by this same yellowness of surface, indeed the

skin had never been free from this yellow tint for six years (since 1843), during which time she had been an invalid. The severity of the sickness for which Dr. A. was consulted yielded very soon, and under a careful course of diet and regimen, which had not been before much attended to, she soon rallied, and the yellowness of the surface disappeared.

During the winter of 1849 and 1850 she experienced great pain in the throat, which often kept her awake, and was attended at times with a spasmodic difficulty of swallowing. This spasm about the throat had occasionally occurred for two or three years, so that the act of swallowing was always performed very slowly and with great care. Dr. A. was not consulted in relation to it at this time, and learned the fact when she came under his care during the last winter. From this time (1850) to February, 1857, her health was much improved, and she rarely sought advice during this interval.

In February, 1857, she consulted Dr. A. for a hoarseness and a sense of tickling in the throat, and an increased difficulty of swallowing, it seeming, at times, as if the food were spasmodically thrown from the mouth during the act of swallowing it. There was a slight hacking cough; her general health was as good as usual. The uvula was, on examination, found to be very much elongated, and was removed, in the expectation that relief of the hoarseness, at least, would follow. The operation did not, however, give the least relief. The *pomum Adami*, in April, seemed to be somewhat more prominent than usual, and a little larger than natural, but not altered in its form. The general emaciation was at this time sufficient to have accounted for it in part. The hoarseness continuing, in May the nitrate of silver was applied to the throat for several weeks, without much relief. In July, Dr. Bowditch saw her and confirmed Dr. A.'s diagnosis. For several weeks after, the application of nitrate of silver was alternated with the tincture of iodine, and the latter was also applied externally. In August, no relief following these applications, they were suspended. The voice still remained hoarse; there was also a good deal of mucous rattle in the trachea, the breathing being sometimes rather laborious, but not uniformly so. After this, various other means were used, but without any decided relief.

Early in September the breathing became more difficult, and a small blister was applied to the throat, which appeared to produce a little mitigation of the distress. These were occasionally repeated, as circumstances required, till the middle of October, when the breathing became less embarrassed, but not entirely easy. At this time, also, the swallowing improved, but was always done with great care and caution; her appetite was much better and she took food freely, and always digested it well to within two days before death; the emaciation, however, increased, as did also the hoarseness, and she could not utter a loud word. There was no cough, and had been but little during the whole sickness, and very little pain during the last four months. She died January 19th, 1858.

The *post-mortem* examination revealed a tumor, of about the size of a walnut, in the larynx, occupying one ventricle. It was rather hard, rounded, and evidently non-malignant. All the other organs were healthy.

The existence of the tumor would certainly explain many of the symptoms, but did not in the least confirm the diagnosis.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 22, 1858.

PUBLIC HYGIENE.

Having discontinued, for the present, our series of articles upon the Hygiene of Dress, we cannot avoid giving expression to certain views upon another outside matter in which the public is largely interested; that intelligent body must by this time be impressed by the persevering and unselfish efforts we have made in its behalf. Unfortunately, the people are too generally unappreciative of their truest benefactors; we can hardly expect to prove an entire exception to this rule.

No lengthy disquisition is intended, at this time, upon street-cleaning or similar sanitary measures—have we not the cleanest city, generally speaking, in Uncle Sam's territories? Moreover, should there be any neglected nooks and corners, we have only to shout the watch-word *cholera*—and every individual inch of the municipal domain will be rubbed down with pumice-stone! We fervently hope, however, that any such chance cleansing will not be left until a panic-cry is sounded—nor, as has been the case, until the sun gets to be as fervent as our hope. Fort Hill, North Street, and Half Moon Place, under the red eye of July, are quite antipodal in their odors, when these are specially excited by the city officials, to Araby the Blest.

To state our topic at once—it is this—the annoyances, and often serious aggravations of their diseases, from street noises and permitted customs, which invalids endure in a city. That many of these are unavoidable, we at once confess; there are others, however, which ought to be interfered with and suppressed. We suppose that there is no remedy, for well or ill people, against the watchman's stunning rattle and hoarse yell of Fire! Fire! "*Deestrict*" such an one, at midnight, and in those streets some miles removed from the conflagration. It must be confessed that this is often very trying, especially to light sleepers, and to those who, when once fairly aroused, are liable to lie awake till morning; and in our ignorance we had supposed it might answer all reasonable purposes, if most of the racket were made in the immediate vicinity of the fire. Venturing to express this opinion recently, to one "who knows all about" such matters, we were at once put down, and unpleasantly enlightened, by the statement that we were entirely mistaken—that it *is* necessary to make just as much noise, and to rattle and bellow quite as long and loudly, in Tremont or Park Street when the fire is at the extreme north or south end of the city, as if it were in the streets designated. Perhaps it is—the firemen must be awakened—but the process is a very wholesale and impartial one; and in many localities where there is not a fireman within at least a half mile, the clamor is as decided and unfailing as anywhere else. We rejoiced greatly at the establishment of that beautiful and ingenious apparatus by which the alarm-bells are simultaneously struck, and at once announce the quarter of the city which is in peril. It is a fine, if a somewhat melancholy sound, as the clang of the many "brazen bells" goes forth upon the still air, nearly at the same instant—it has a touch of romance in it, and no reasonable person

can say aught against it. Cherishing these pleasant feelings toward this necessary and beneficent midnight tintinnabulation, what was our horror, now some months since, to hear the North Church bell burst out, at the witching hour, with a downright, old-fashioned ring for fire! This, until very lately, has been maintained at every alarm. We can but trust it was only done until some broken wire was mended; but we have thought it took longer to forge and place that wire, than it will the Atlantic cable. To any invalid in the neighborhood of that peal, the annoyance must have been dreadful. Instances are not infrequent when such an infliction would turn the balance against the sick, into whose chamber the light foot of affection scarcely dares to enter, lest it break the charm of that slumber on which restoration may almost solely depend. Who would not exclaim with us, waked only from a healthful repose, "Silence, that dreadful bell"! We tremble lest this, even now, may be a *City Ordinance;* in which event, we intend to vacate and sell our premises, even at a loss.

Not to be tedious, there is one point more upon which we have a word to say, and we have long wished for a fitting opportunity. Deterred, hitherto, by the idea that the topic, by itself considered, might be deemed more appropriate for the columns of a daily paper, we have now, as we think, a sufficient reason for taking it up in the present connection, in the fact that a distinguished practitioner of this city has desired us to comment upon it in a hygienic light. We always endeavor to oblige distinguished practitioners, and as this gentleman is entirely "regular," and as we accord fully with his views, medically, surgically and upon the subject in question, and have the highest regard for him generally, we shall devote the remainder of this article to his (and our) grievance.

And first, the difficulty, like too many with which doctors have to contend, is an *organic* one; and the organs concerned are generally fearfully out of order, together with a lamentable loss of healthy *tone* throughout the entire system. We believe, however, that there is perfect harmony amongst those who are thus afflicted, upon one point, and that is, the necessity for the amelioration of the evil—in legal phraseology, the abatement of the nuisance. To come to the matter in hand, we allude to *hand-organs* and their peripatetic masters. To those who, like the gentleman above referred to, have illness in their families, the universal and constant presence of these instruments beneath their windows is an evil too serious to joke about. More especially does this become true when a neighbor happens to be so bewitched with the music (?) that he fees the grinder thereof handsomely, to remain, whilst the family of the invalid are only too glad to purchase his immediate disappearance. Thus this particular locality becomes a mine of wealth to the musical operator, whose financial wisdom will doubtless soon enable him to scent his prey from afar, and besiege the dwellings of the sick in preference to those not offering such encouragement. Under these circumstances, it is not easy for the invalid to procure peace and quiet rest except at a constant expense, which finally becomes a matter of consequence—to say nothing of the chance of being beaten by the opposite party, who cannot understand, being all well and hearty, why their more sensitive neighbors cannot "face the music," or listen with patience to the merciless iteration of "Poor Dog Tray," "Annie Laurie," and some other popular favorites.

Much as we love true music, we must protest against what we consider an infringement of the rights of private citizens, in the allowing the multiplication of street-organs to the extent now only too evident in Boston. It is by no means an uncommon thing to find two, and sometimes three, all working at once, within ear-shot—producing, of course, a horrible discord, enough to drive one mad. The subject is really a serious one, in view of the extreme difficulty of dislodging these ragged and sturdy minstrels, who thus grind music, so called, by the hour, from before one's door, when there is really an imperative reason for so doing—as in the case of illness. The police, even, have been put in requisition, in urgent cases, to our personal knowledge. The continual repetition of the same tunes, upon an organ often asthmatic, or in some other way crippled, is enough to torture a well person—what must it not do for the sick? Should there not be a common agreement in a neighborhood, that all join in forbidding street-music when it is well known that an invalid is distressed by it? What is the essence of the bond recognized as the legitimate one of a neighborhood? Simply "the golden rule." Let selfish gratification, then, be disregarded under these circumstances, and all seek to contribute to the comfort and restoration of the sufferer. Children, who are pleased with the organs and the victimized monkeys sometimes accompanying them, should be made to wait till the sick are well, at least, and be otherwise amused. But we go still further, and say that the number of street-organs and the obstinate devotion of their managers to them is really unbearable and an imposition upon a good-natured, long-suffering community. We wish they might be suppressed, or at least limited by law, both as to numbers and as to the hours when the inhabitants must perforce listen to their performances. Some of the machines have been set going at nine and a half, ten, and more than half past ten, o'clock, P.M., in our immediate hearing, with the effect of eliciting various objurgations, menaces, missiles, and police intervention, after the utter exhaustion of patience. We sincerely commiserate all the invalids of Boston in view of their trials of this nature, and appeal to municipal authority in their behalf. *Patres Conscripti*, hear us!

REMOVAL OF DR. J. R. LOTHROP.

It was with feelings of deep pain and humiliation that we learned the news of the removal of Dr. J. R. Lothrop from the office of Superintendent of Rainsford Island Hospital, and of the appointment of Dr. Lemuel M. Barker in his place. This change was made wholly for political reasons. Not the shadow of complaint, we believe, has ever been made that Dr. Lothrop, who was appointed by Gov. Clifford, and has been retained by each succeeding administration until the present, has not discharged the duties of his office with entire satisfaction. The Inspectors, in their Annual Report, recently printed, give the following testimonial to his ability and fidelity: "The Inspectors would renew their testimony to the efficient and faithful manner in which the Superintendent has discharged his duties. The firm, yet kind discipline he maintains, his successful treatment of disease, his self-possession in emergencies, his good common sense, united with high professional attainment and skill, are all that can be desired in a superintendent of this or any other kindred institution."

To add to the disgrace which this transaction has inflicted upon our

State Government, the office made vacant by the removal of Dr. Lothrop has been filled by the appointment of a gentleman who is not even a member of the Massachusetts Medical Society; in other words, who is not recognized as a regular physician by the profession. Dr. Barker may be distinguished as a politician, for aught we know to the contrary, but he certainly is not favorably known as a medical practitioner. Is there any guarantee that he is capable of the "successful treatment of disease," that he has "self-possession in emergencies," or "good common sense, united with high professional attainment and skill"? How many respectable members of the profession are ready to vouch for his fitness for the situation of a hospital physician and surgeon? Are the lives of hundreds of poor sufferers to be entrusted to the hands of a man who is looked upon by the profession as an irregular practitioner?

We had hoped that the appointments to the various State Hospitals would not become mere political gifts, to be held during the brief period of each administration, and we deeply lament that the present Governor should have seen fit to inaugurate a new order of things. Is it understood that the removal of Dr. Morris from the State Prison Hospital, and of Dr. Lothrop from Rainsford Island Hospital, are only precedents? Are the Superintendents of the Insane Hospitals at Worcester and Taunton to follow? They are competent and faithful men; what, then, can save them? Must those important institutions also be managed by men whose term of office, wholly independent of professional skill, depends upon their political creed for the time being? If so, nothing but mismanagement can follow. To secure a competent resident physician to a large hospital he must be reasonably sure of permanency of office, as some compensation for the renunciation of private practice. If the incumbents of such offices are to become mere political weathercocks, the present excellent administration of our public institutions must give place to disorder, extravagance and public disgrace.

An earnest remonstrance against this unjust political measure, signed by about fifty of the most eminent physicians of Boston, has been presented to the Governor, but so unexpectedly was the blow struck, that the remonstrance arrived too late to prevent it, though doubtless it would have been of no avail had it been earlier made. The medical profession will look upon this act as an insult, and we have no doubt that an intelligent community will condemn it as in every way unjust and inexpedient.

The Peninsular and Independent Medical Journal.—We have already noticed the consolidation of these two Journals, and the first number of the union is before us. It is neatly printed, and contains an abundance of interesting articles. The tone of the editorial address is dignified, and we feel confident that the new Journal will be a valuable addition to our medical periodical literature.

Communications Received.—Pernicious Fever.—Letter from Prof. Sigmund.—Obituary Notice of James Spalding, M.D.—Consultation with Homœopathists. [Will the author send us his name?]—Professional Etiquette.—Cases treated by Medicated Inhalation.—Letter on Dr. Clarke's case of Scarlatina, &c.—Retention of the Menses from Occlusion of the Os Uteri.—Case of Double Fœtus.

Deaths in Boston for the week ending Saturday noon, April 17th, 78. Males, 35—Females, 43.—Accident, 1—apoplexy, 2—burns, 1—consumption, 17—convulsions, 1—cyanosis, 1—dysentery, 1—dropsy, 1—drowned, 2—debility, 2—infantile diseases, 8—erysipelas, 1—scarlet fever, 6—typhoid fever, 1—gastritis, 1—disease of the heart, 5—intemperance, 2—inflammation of the lungs, 3—congestion of the lungs, 1—marasmus, 3—measles, 4—old age, 2—palsy, 1—disease of the spine, 1—scrofula, 1—smallpox, 1—suicide, 1—teething, 1—thrush, 1—ulcers (in the intestines), 2—whooping cough, 3.

Under 5 years, 30—between 5 and 20 years, 11—between 20 and 40 years, 17—between 40 and 60 years, 7—above 60 years, 13. Born in the United States, 51—Ireland, 19—other places, 8.

Baltimore College of Dental Surgery.—At the late Commencement of this College, the degree of Doctor of Dental Surgery was conferred on nineteen graduates.

Memphis (Tenn.) Medical College.—The Annual Commencement took place on the 1st of March. The degree of Doctor of Medicine was conferred on nineteen members of the medical class.

Charity Hospital, New Orleans.—This institution is free to the poor sick of all nations. It is called the Charity Hospital of our State, but the sick of our State form but a small proportion of the thousands who partake of its benefits. The income of the institution is derived from taxes laid on foreign immigrants, and on balls, concerts and theatres. The tax on immigrants for the past year has amounted to $30,201 75, an increase of $2,000 on the year previous. The tax on balls, &c., has fallen off in the past year from $8,189 92 to $5,480—and this in consequence of a reduction by the last Legislature of the rate of taxation. The cost of supporting the institution the past year was $84,803 11. Deficits in the treasury are generally promptly made up by appropriation on the part of the State.

During the year 1857, there were admitted into the institution 8,897 patients, of whom 7,913 were discharged, and 1,017 died.

Nativities—United States, 1,577; foreign countries, 7,307. Of the former number, 394 were from Louisiana, 241 from New York, and 132 from Pennsylvania. Of the latter number, 4,010 were from Ireland, 1,197 from Germany, 664 from France, 347 from England, 297 from Prussia, and 139 from Switzerland.—*N. O. Medical News and Hospital Gaz.*

Foreign Homage to Jenner.—The statue of Jenner stands now beneath the vestibule of the Faculty of Medicine. It is the work of M. Eugene Paule. Jenner, the propagator of vaccination, is represented standing upon a part of the terrestrial globe. At his feet are inscribed the words, "France and England."—(Why not England and France?) He is meditating upon the application of his discovery. In his right hand he holds his lancet; his left arm reposes upon some volumes of his works, which are supported upon the fragments of an antique column. Near his knee are engraved the serpent and cup. Finally, below the books, and upon the side of this column, lies unfolded a roll of paper, upon which is seen the figure of a cow, the first cause of his discovery. A subscription is opened at the house of M. Gossart, notary, 217 Rue St. Honore, to defray the expenses of a statue to be erected at Boulogne-sur-Mer, where the first children were inoculated.—*London Lancet.*

Vital Statistics in France.—M. Bertillon, in a paper read before the Academy of Medicine of Paris, on the 9th February, makes the following statement:—"In a period of ten years there have been in France 9,700,000 births; and of these children, 1,500,000 died within the first year of life. Out of 1,000 female births, 858 girls reach the age of one year; whereas 1,000 male births yield but 828 boys one year afterwards. In other words, and in round numbers, it may be said that out of 100 children of each sex, from birth to one year of age, the annual deaths are 20 boys and 16 girls—viz., one-fifth part of the boys, and only one-sixth part of the girls." This law is so constant, that it holds good for the whole country, or each department taken separately, with extremely slight variation.—*Ib.*

Medical Miscellany.—Dr. Joseph Jones, formerly of the Savannah Medical College, has been appointed Professor of Chemistry and Pharmacy in the Medical College of Georgia, in the place of Prof. Means, resigned.—Dr. A. Snowden Piggot, late Prof. of Anatomy and Physiology in the Medical Department of the Washington University, in Maryland, has been appointed to the chair of Anatomy and Physiology in the Baltimore College of Dental Surgery, made vacant by the recent death of Prof. W. R. Handy.—The annual address before the North Mississippi Medical Society, of Monroe Co., at a meeting held in Aberdeen Dec. 18th, was delivered by Dr. G. S. Bryant, of Aberdeen.—A decoction of honey bees has been successfully used by Dr. M. B. Beers, of Portland, Mich., in cases of suppression of urine. Take 8 to 12 bees, pour on them a pint of boiling water, and give a tablespoonful every five minutes.—Smallpox, of a more than usual malignant character, is represented as prevailing all over Asia Minor, and a ship from Smyrna is said to have lately brought it to Liverpool.

THE

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CONSULTATION WITH HOMŒOPATHISTS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I read with great interest the communication in your JOURNAL of the 8th inst., from "Senex," entitled "Consultation with Homœopathists." The liberal and catholic spirit which pervades the article cannot fail to win, or rather to command, the admiration of all who read it. At first I was almost persuaded to be of his faith, and to believe that my previous convictions were wrong. But a longer reflection, a sober second thought, when the subject was divested of the charm which the winning language and philosophic spirit of Senex had thrown around it, carried me back to the position which I had previously occupied. It seemed to me that there was a fallacy in his statements, which, if it really exists, ought to be pointed out.

In the first place, let me say that no one can do greater honor and reverence to those who hold to charity as the greatest of the virtues, than I do, or can look upon bigotry, either in religion or in medicine, with greater abhorrence. I agree cordially with Senex that one party has no right to proscribe another "merely on account of a difference of opinion." Where opinions only are concerned, we have no right to judge or condemn those who differ from us. Let us see how it is that the matter before us really stands; for I am sure that Senex, in whom I recognize one of the most honored and loved physicians that our country has ever been favored with, I am sure that he, like Robinson, the faithful pastor of the Puritans of the Mayflower, would desire us to follow him only so far as he follows the truth.

It is true that the two parties are, "on the one side *we;* we, who are denominated, very unjustly, Allopathists," and on the other side this modern sect, who have christened themselves Homœopathists. But is it true that *we,* who belong to the larger sect and the conservative side, object to the new school and its followers on account of their opinions *solely*? Your correspondent thinks that we do. Herein lies the fallacy of his statement. It seems to me that such is not at all the true ground of our objec-

tion and opposition. There always have been, and there always will be differences of opinion among medical men on medical subjects. Old theories will ever be giving way to newer, and, it is to be hoped, better ones. It is not because the theory of the Homœopathist is in our view wrong, that we object to him and refuse to consult with him. He has a right to his own opinions and to his own therapeutics. For these, I have no wish to quarrel with him. If he can honestly believe in infinitesimals, let him use them and not be proscribed for it.

The matter will be made a little clearer if we look fairly at the position of the two parties.

The regular members of the profession offer to the public the best management of disease which the science and art of the day can afford. This, at least, they profess to do. They do not profess to agree exactly with each other. They also profess not to recognize as physicians those who are ignorant of medicine or who are charlatans. That is, they propose to guarantee to the public two things: first, a certain amount of education on the part of regular physicians; and secondly, freedom from dishonesty. They do not condemn or proscribe those, who, being properly educated, may sincerely adopt certain peculiar notions in therapeutics and practise upon them.

On the other side, the Homœopathic sect do adopt certain peculiar views. Unlike regular physicians, they profess to guarantee to the public a peculiar management of disease, and are not particular about the education of their practitioners. They even go farther. They not only adopt certain peculiar views, but they proscribe all who do not agree with them. They not only say they are right, but that we are wrong. More than this, taking medical discussion out of its legitimate sphere, they go to the public and condemn us to the public as full of prejudice and error, and not to be trusted. The intolerance and bigotry is on their side. We examine their views, weigh them carefully, observe their practice and try it. Finding them to be wrong, we do not follow them. Straightway, they condemn us to the public in unprofessional journals and elsewhere. They claim the entire truth for themselves. They hoist a peculiar flag of their own. We decline to sail under it. Then, keeping up their own flag, they claim, by asking consultations with us, to sail under ours also. This, I say, we have no right to let them do. I do not now bring their medical views, at all, into question. I only say that, claiming to be a peculiar sect, and to possess the whole truth, or a certain amount of it which we do not, they designedly put themselves into direct and professed opposition to us. They do not claim to be part of the regular profession, but to be something else, and to be something better. They ask us to recognize them as regular physicians, while they do not recognize us as physicians at all, at least to the public out of whom they get their living.

Now, what is a consultation? It is a conference of two physicians upon a certain case for the benefit of the patient. Is there nothing more than this in it? I think there is. A consultation is not only a conference, but also an endorsement by the two physicians of each other. When Senex consults with a Homœopathist, he not only gives to the patient the benefit of his advice and long experience, but he gives to the public his sanction of the position which the latter has taken as an antagonist of the regular profession. He may say that he does not agree with the Homœopathist; but this statement does not go beyond the family of the patient and his medical attendant. The public only know that a regular physician, of the highest standing, has consulted with one, who at least *belongs* to a sect that proclaims open war upon the profession. The fact *may be* regarded by the patient as a sort of capitulation of the irregular to the regular practitioner. It *is* regarded by the public as just the reverse, a capitulation of the regular to the irregular. The consultation which benefits the body of the patient, damages the body of the public, by damaging the medical profession.

I object, then, to a consultation, not because the Homœopathist holds different views from me; but because, holding different views, he condemns and derides me, and by consultation with him I tacitly acknowledge his condemnation to be just. So long as he holds up a peculiar flag and one different from mine, I cannot in any way acknowledge his. Let him recede from his position before the public as one who holds a peculiar position, and come under the broad flag of legitimate medicine, and then he may hold whatever views he conscientiously can, and advocate them, and then I can consult with him, even if he does differ in his opinions from me.

Let me state briefly in another form what appears to me to be the true position of the regular profession in this matter. In the first place, a consultation is not only a serious deliberation upon some medical case, but it is an endorsement by the consulting physician, not of the metaphysical medical theories of the attending Homœopath, nor of his practical therapeutics, but of his position as a trustworthy and honest physician. No matter what private statements may be made to the contrary, a consultation practically endorses the avowed position of the attending physician. Now no regular physician can, in justice to himself, to his brethren or to the public, do that which endorses a false position—which gives to a counterfeit the stamp of true coin. In the next place, every Homœopathist, putting his opinions of medical matters altogether aside, stands in a false position. He raises a peculiar flag. He openly arrays himself in opposition to the regular profession. He claims to know more than they do. He professes, when he proclaims himself a Homœopathist, by the simple fact of that announcement, that he is a medical sectarian; that he is right; that others are wrong; that he has knowledge, which they do not have;

that he has weapons which they do not use. By assuming this position, by raising this peculiar flag, he becomes, or rather he voluntarily makes himself, an avowed antagonist of *us*. Lastly, a consultation, however much we may refine about it, virtually acknowledges this antagonistic position to regular medicine as just and proper. Herein lies the mistake. By refusing to consult with a Homœopathist, we do not persecute or proscribe him. We simply refuse to acknowledge the position he assumes. And this we ought to do. Whenever the Homœopathist will pull down his sectarian banner, when he will cease to avow himself an enemy of the regular physician, when he will come beneath the broad folds of the banner of legitimate medicine, which knows no sect or nation, no race or clime, and whose only motto is *Veritas*, then, and not till then, we can fraternize with him, and by so doing recommend him to the public as an honest man and not a charlatan. Honesty is of more value to the public in a practitioner than any peculiar theory. The present position of Homœopathy is dishonesty. Consultations sanction that position. They tacitly call black white, and therefore regular physicians cannot consult with Homœopathists.

JUNIOR.

MENSES RETAINED FROM OCCLUSION OF THE OS UTERI.—OPERATION BY A. B. SHIPMAN, M.D., OF SYRACUSE, N. Y.

REPORTED BY WM. H. PALMER.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. H., residing in Fayetteville, Onondaga Co., N. Y., aged 27 years, and the mother of three children, aborted in January, 1857. The placenta was retained ten days; and when it was removed by the attending physician, symptoms of fever and peritonitis followed, with tenderness of the abdomen, and a profuse and offensive discharge from the vagina. Soon, however, she recovered, and resumed her domestic duties.

On the first of May, the attention of her physician was called to the fact that the catamenia had not as yet returned, and that all attempts by her husband at coition were unsuccessful, and attended with much pain. Soon, a small tumor appeared in the right iliac region, increasing week by week, while the difficulty at coition remained as before. Motion was now felt by Mrs. H., which was thought by herself, her physician and others, to be fœtal.

She first consulted Dr. Shipman on September 20th, 1857. Her figure was small and slender, and her health was good, with the exception of expulsive pains recurring weekly, and lasting for days together. The tumor in the abdomen was large, movable from side to side, and, on auscultation, gave indication of motion, as of fœtal life, though quite deceptive.

By an examination *per vaginam*, the finger passed about two

inches into the canal, which terminated in a *cul de sac*, or rather an uniform, convex surface, on which not the least indication of an os uteri could be felt. There was little or no induration, but much tenderness, especially at the conjunction of the vagina with the convex surface above mentioned; which tenderness, however, was much more acute where the tumor was reached and plainly felt by the rectum.

Diagnosis—Retained menses since recovery from abortion. *Prognosis*—Favorable. The operation was performed on Sept. 27th, Drs. J. O. Shipman and Lord assisting.

Having emptied the bladder by the catheter, one finger being in the rectum, a puncture was made with a large-size trocar, which was immediately followed by a copious discharge of dark, inodorous fluid, thick and tar-like in consistence, and to the amount, including the few following days, of nearly four quarts. The canula was retained in place till after the second subsequent catamenial period, since which time there has been no difficulty in the menstrual function, and she is now as well as ever.

What was the cause of this occlusion? Was it the result of abortion, natural or criminal? of retroversion of the uterus? or of ulceration? If the latter, what was the cause of it, and why was there absence of all induration? If from retroversion, why was there not the usual disturbance of the urinary function? The attempt at abortion by criminal means is denied by the patient.

Syracuse, N. Y., April 1st, 1858.

CASE OF CHOREA TERMINATING IN IMBECILITY, WITH SOME OBSERVATIONS ON THE CAUSES OF IDIOCY.

BY HENRY M. SAVILLE, M.D., QUINCY.

[Communicated for the Boston Medical and Surgical Journal.]

George L., a tall, pale lad of lymphatic temperament, æt. 13 years. He was physically a fine-looking boy, with a well-formed head, measuring 22.8 inches in its greatest circumference, having a fronto-occipital arc of 15 inches and a bi-temporal diameter of 6.3 inches. He had been afflicted with choreal convulsions since he was 4 years old, and, during a part of the time, had been under treatment for hydrocephalus, as well as for those irregular muscular actions. Three years ago, he was considered an active, intelligent boy, but shortly afterward he began to evince an unnatural inclination to sleep, and when not asleep was almost constantly drowsy, or else so irritable and vicious as to be nearly unmanageable. At the time he came under my notice, his countenance had acquired an expression of vacancy, indifference and languor indicative of complete fatuity. Most of the anti-spasmodic and contra-stimulant medicines had been successively employed in this case, without alleviating in any degree the violence of the disorder.

The disease had lasted nine years, without intermission, and the boy had, moreover, either an hydropic or an hypertrophied brain, for which I do not know what remedies he had taken. I found him, on the 24th of January, ailing with slight fever and some catarrhal symptoms; his left lung passed rapidly though the phases of pleuro-pneumonial inflammation, and he died the following Monday, apparently *without having suffered any pain or serious uneasiness.*

A *post-mortem* examination, conducted sixteen hours after death, revealed the following pathological changes. The cranial plates were unusually thick, and from the intersection of the coronal and sagittal sutures two stalactitic growths of bone penetrated the brain. The cerebral membranes were very much thickened, and covered on their serous surfaces with a white spongy exudation. The whole mass of the brain was exceedingly hypertrophied. An examination of the viscera afforded some interesting facts. About three quarts of effused fluid, filled with flocculi of lymph, were obtained from the cavity of the thorax. The lower lobe of his left lung was completely *carnified*, proving its pneumonia to have supervened upon copious pleuritic effusion. The pericardium and peritoneum resembled the cephalic membranes, being very much thickened and covered with a whitish exudation. There seemed to have been an universal inflammation of all the serous membranes in the body, and yet its existence was so masked under the apathetic *morale* of the patient, that it would hardly have been suspected in the absence of physical signs.

The pathological history of this case appears to suggest a fundamental relation between sanity and idiocy. A boy four years of age becomes affected with a functional disorder, to arrest which all the ordinary remedial agents are fruitlessly employed for several years. In his tenth year he begins to exhibit symptoms of organic disease of the brain, with signs of mental alienation, and in a period of a little more than three years becomes transformed from an amiable, intelligent lad into a peevish and vicious imbecile. Which was the first link in the chain of pathological causations? Were the chorea, hypertrophy, chronic meningeal inflammation and idiocy merely pathological phases of a malady engendered by the irritable presence of the enostoses in their various periods of growth? or was the so-called functional ailment the result of a more recondite morbid impression upon the nervous and sensorial systems, inducing by irregular innervation those troublesome convulsions? The first suggestion appears more reasonable, from the fact that the disorder not only increased in severity during the six years prior to the period when cephalic disease began to be suspected, but in the subsequent three years of the patient's life there was hardly an hour in which the disease did not manifest itself. They are, moreover, obvious and sufficient, and therefore probable causes of such pathological changes.

Idiocy has commonly been defined as a mental or functional infirmity, and because cadaveric examinations often fail of indicating precisely the causal organic lesion, the idea of even a probable lesion is ignored, in apparent forgetfulness of the fact, that functional diseases always imply organic changes of structure. Five brains in every ten we examine may appear perfectly normal; the pathologist, after the closest scrutiny, can discover no visible lesions, and can only speak of perverted functions, because his scalpel, and possibly his microscope, fail of apprehending the *chemical* alterations of structure. We know that every motion, every manifestation of thought, results in a change of the structure of the substance of the brain; that every conception, every mental affection is followed by changes in the chemical nature of the secreted fluids; that every thought, every sensation, is accompanied by a change in the composition of the matter of the brain—and, moreover, we know it is a fundamental law of chemical action that certain bodies may assume different and distinct chemical qualities, while retaining the *same sensible* properties. The mind of an idiot would be symmetrical and vigorous in its action, provided the engine of mental force worked less rustily, with no apparent microscopic or chemico-pathic defects to impede its harmonious movement. The argument would manifestly be as unsound to deny the probability of *material* lesions in cases where there were no *evident* pathological alterations of structure, as it would be to argue positively that we have reached the boundary line of animalcular life, because the strained endeavor of a powerful Spenserian instrument has proved insufficient to penetrate beyond certain monadal life-specks, and whose anatomical structure *it* even has failed to determine. Who would have believed, a hundred years ago, in the marvellous discovery of Ehrenberg, that whole strata of the earth's crust were only the mummied remains of microscopic masons!

I have only space to allude to Lassaigne's and Combe's analyses of human brains; but they develop a curious relation between the deficient mental energy of idiocy and the excessive mental energy of insanity. The mean of several analyses showed a smaller proportion of water and salts in the former, coupled with an abnormal excess of albumen and fat in the latter. The idiot brains, moreover, were uniformly deficient in phosphorus, and Cabanis had previously observed that the brain of a furious maniac is often highly phosphorescent.

From the early days of medical science until the beginning of the present century, idiocy ranked among the incurable maladies of humanity, and all that was known of its nature could be expressed in the simple proposition, "an idiot is an individual who does not possess a great deal of wit." The poor imbecile was regarded either as an encumbrance, to be removed by the readiest means, or else inflexible ignorance condemned him as hopelessly obstinate, and adjudged him worthy of stripes along the roadways, or more mercifully im-

molated him upon the altars of Circe. No provisions were made for his protection from personal injuries, and no attempts were made to recover him from his brutishness. But we have learned, first by speculation, and secondly by experience, that whatever morbid impression be the cause which produces idiocy, whether it be a recondite chemico-pathic influence, or a more obvious pathological cause, the waning intellectual force is only the last link of a chain of pathological gradations, beginning with one and including a portion or all the neuroses. And we have learned of that dire infirmity, moreover, that whatever be the inducing cause, it is very often susceptible, to a greater or less extent, of remedial influence.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Feb. 8th.—*Circumscribed Cancer of the Stomach.* Dr. Ellis showed the specimen, which was from a patient of Dr. Bigelow, who gave the following brief history of the case.

The patient was a farmer, aged 70 years, who had had nausea in the morning for three years past. He had suffered, more or less, from pain in the region of the epigastrium for three months, and for the last six weeks, until within one week of his death, he had had nausea and vomiting. The matter vomited was watery, and had an offensive smell. There never had been vomiting of grumous or other matters which would throw any light on the nature of the disease. He became, at last, wandering, somnolent, and comatose, and died a day or two since. He had had difficulty of urinating, which required the use of the catheter.

Sectio Cadaveris, by Dr. Ellis. With the exception of some changes in the brain incident to old age, nothing remarkable was noticed in the head. In the smaller curvature and posterior wall of the stomach was a morbid growth about three inches in diameter, and rising, perhaps, an inch above the surrounding surface. Its upper surface was irregular and of a dark-red color. Portions like coagula separated with ease. On incision, the growth was found to be of a whitish color and moderate consistence. It had evidently originated in the submucous cellular tissue, but in its advanced stage involved all of the coats. Some slight irregularity of the surface was noticed in the neighborhood, but the disease was remarkably circumscribed. A detached nodule, about four lines in diameter, occupied the submucous cellular tissue just within the pylorus. Though the orifice itself was free, the position of the diseased mass was such as appeared to interfere with the escape of the contents of the stomach into the intestine. The muscular coat did not appear to be thickened.

On microscopic examination, the growth proved to be of a malignant character.

The prostate was twice as large as usual, and contained quite a number of minute calculi.

Feb. 22d.—*Fatty Degeneration of the Muscles of the Leg.* Dr. H. J. Bigelow showed the specimen.

The patient, a woman 56 years old, had had ulcers on the left leg for ten years, one situated over the external malleolus, measuring about one by two inches; the other commencing two inches above, and running spirally upward two thirds around the leg. She fell from a ladder ten years ago, the bruises then received resulting in the ulcers alluded to. A year ago in July, she was run over by a carriage, the wheel passing over the ulcers. Considerable inflammation followed, since which their progress had been more rapid. The leg was amputated by Dr. Bigelow, Feb. 20th, and the muscles of the leg were found to have undergone extensive fatty degeneration, the result, obviously, of protracted rest, co-existent with a low degree of inflammation; an appearance not unusual, but rarely so well marked as in this case.

Feb. 22d.—*Compound Fracture of the Ankle-joint; Amputation.* Dr. Bigelow also exhibited this specimen.

The patient was an Irishman, aged 60, who entered the Hospital, Dec. 22d, with compound fracture of the bones of the leg, just above the ankle. There was a ragged opening just above the internal malleolus, of the size of a quarter of a dollar, through which the bone could be felt. The foot and ankle were much swollen, and there was great displacement outward. The leg was amputated by Dr. B., February 20th.

Dr. B. remarked that formerly it was customary to amputate in injuries of this nature; but subsequently, and of late, much had been said, and, indeed affected, as to saving the leg in cases of bad compound fracture. He would not here allude to the common indication to be derived from the condition of the vessels, nerves, &c.; but after the experience of a considerable number of these cases, he felt justified in saying, that great uncertainty attends the result of an attempt to preserve the limb; that while the worst cases sometimes recover, the most promising cases do badly. Where amputation is not performed, the patient may soon commence a downward course, and the operation is postponed from day to day in the hope of some improvement, until the patient's chances are greatly diminished. On the other hand, in cases of recovery after bad compound fracture at the lower part of the leg, the patient is generally bed-ridden for many months, and dependent upon crutches for one or two years; circumstances to be considered in the case of a laboring man.

Feb. 22d.—*Adipocere.* Dr. Ellis showed the specimen, which was received from Dr. H. W. Thayer, of Keene, N. H. It was taken from a body that had been buried for eight years, and its thickness comprised all the tissues of the part, from the skin to the bone. All the soft parts of the body were converted into this substance.

Feb. 22d.—*The advantages of Ether over Chloroform as an Anæsthetic Agent.* Dr. Hodges read a passage from the last edition of Erichson's work on Surgery, in which the author expresses a decided opinion in favor of the safety of ether over chloroform as an anæsthetic.

Dr. H. thought the remark important, as evincing a commencing change in the minds of British surgeons with regard to the two agents; chloroform having been hitherto generally employed in England, while in this country it has to a great extent been superseded by ether.

The Secretary remarked that Mr. Erichson was first called upon to

express his views on this subject, in a letter in reply to the inquiry of Dr. S. D. Townsend, why chloroform was still employed in England in preference to ether; these views being the same as those published, to which Dr. Hodges had referred, and expressed in language almost identical.

This letter was read before the Society in September, 1856. (See *Society's Records*, Vol. III., p. 34.)

March 22d.—*Cancerous Tumor of the Larynx.* Dr. Bowditch showed the specimen and reported the case.

Mrs. ——, of Boston, æt. 47, Dr. B. saw for the first time, Dec. 25th, 1857. Her history was as follows. She was never very strong; had been liable to ulcerated sore throat from childhood, perhaps twice every winter, till the past ten or twelve years. Within this latter period her health had been good, until three years past. During these three years she had been growing gradually hoarse, with, at times, complete aphonia. No cough appeared until two weeks before Dr. B.'s visit, and it had never been severe. Her general health had been rather better than previously, except that she had been more easily fatigued. Her menses had been lessened during the three years, and there was, finally, amenorrhœa for eighteen months. She had never been confined to the bed. The hoarseness had been worse during East winds, and country air had always been unfavorable. For two weeks she had had cough, with expectoration of a very small quantity of very adhesive mucus. During the night, this obstructed her breath, and prevented easy sleep. There were no real asthmatic attacks. Her appetite had been small, and her bowels regular. She had had no soreness of the chest until two weeks before Dr. B.'s visit; and never real dysphagia during the past year, but all her troubles were referred to the larynx.

On visiting her, Dr. B. found a medium-sized, intelligent woman, looking not very unhealthy, nor emaciated. The most prominent symptom was a very hoarse voice. She complained that it hurt her to talk, and that the "air passage seemed not larger than a knitting needle." There was no distinct tenderness or enlargement of the pomum Adami. The throat looked a little red, with a few enlarged follicles in it. The epiglottis could be seen, and was healthy. The pulse was 60, and quiet, and the skin was normal. She was able to go out and to attend somewhat to her household duties.

The physical signs about the chest were very obscure. There appeared, perhaps, a little less expansiveness about the respiratory murmur at the upper part of the left chest, but no positively morbid sound.

She had been under the care of several physicians, and all considered her case hopeless. Various remedies, local and general, had been resorted to, without the least relief to the hoarseness. Dr. B. ordered a solution of nitrate of silver, in the proportion of one drachm to the ounce of water, to be applied with a sponge every other day; also to gargle with sparkling cider, and to take two drops of fusel oil in whiskey, three times daily, with a generous diet and daily exercise out of doors.

On Dec. 31st, the voice was decidedly clearer, but the dyspnœa was augmented, and the appetite was lessened. The fusel oil was now omitted, and the following ordered; ℞. Angusturæ, ʒi.; wine, Oij. M. Wineglassful night and morning.

Jan. 3d.—Blancard's pills were ordered; the local treatment to be still continued.

15th.—The voice was almost clear, but the dyspnœa was evidently augmenting. It was constantly evident to the patient and bystanders. It was plainly difficult to inspire, and equally so to expire. The cough was likewise worse. Her strength had increased. The wheezing breath obscured all the sounds in the chest, but still nothing positively morbid was discovered. ℞. Syrup tolutem, ʒ ij.; ext. conii, ʒs.; acid. hydrocyan., gtt. xvi. ʒi. p. r. n.

26th.—Greater dyspnœa, and no appetite. Pulse 84. Patient was evidently getting worse. The nitrate of silver was omitted, and cod-liver oil, with mucilage of gum acaciæ and syrup tolut., equal parts, were ordered.

A little turtle oil was injected into the larynx, night and morning, with great comfort. The nights became worse. Patient could not sleep but a few moments without a sensation as of suffocation. To sum up the whole case in one expression, she seemed gradually dying by a process of slow strangulation.

The symptoms and treatment continued about the same until March 17th, except that the former were gradually augmenting and the strength lessening. March 16th, the record shows the mind perfectly clear, but the patient desirous of dying, because she was so "*tired of breathing;*" could not swallow without choking. Pulse intermittent.

All treatment omitted. The injections were discontinued the previous evening. She died on the 20th, about midnight, without agony, and apparently while asleep.

Sectio Cadaveris on 22d.—Body, not much emaciated: one inch thickness of fat along trunk; cartilages of ribs very strongly ossified. Internal mammary vessels distended. The lungs had a pinkish hue and looked perfectly healthy. Only a slight adhesion at the apex of the left. They seemed as if strongly inflated, but no emphysema. Where adherent, there was a small depression, and the lung was condensed there, in amount less than the size of a half filbert. There was also a very small collection of crude tubercles, evidently recent, in the lower part of the upper lobe. A similar group in the apex of the lower lobe of the right lung. On incision, the lungs collapsed freely, and were perfectly healthy, with the above slight exceptions. The heart had a white patch on it. The organ was healthy. Fluid blood and coagula existed in both sides, but not in great quantity. The abdominal organs seemed perfectly normal.

The cause of death was a cancerous mass (so decided by the eye and by the microscope) of the size of a walnut, occupying the right ventricle of the larynx, and projecting downward into the trachea about half an inch. This mass must have interrupted the corresponding vocal cord, and contracted the rima glottidis almost wholly. It presented a red, lobulated appearance, with varicose vessels running over it. On cutting it open, a quantity of a whitish fluid was pressed out, which, by the microscope, was found filled with cancer cells. It had arisen in the cellular structure between the cartilages, and had not involved them. The epiglottis, &c., were healthy.

Dr. Bowditch remarked that the question of tracheotomy was suggested, but not accepted, because the patient was unwilling to have any operation done that would not certainly cure her. The autopsy

proved that no real good would have resulted from that, or from forcible entrance from above into the trachea by means of a probang.

April 12th.—*Wound of the Liver.* Dr. W. E. Townsend reported the case.

On Friday, Feb. 26th, shortly after 5, P.M., W. R. C. was stabbed in the epigastric region with a knife six inches long, an inch wide, and for three inches double edged. He was seen in half an hour by Dr. Clark, who found him sitting in a chair, very faint. He immediately had him laid upon a mattrass, applied a compress and bandage to the wound, administered restoratives, and when he had sufficiently rallied had him carried to his home in Auburn court. Dr. C. was satisfied that the knife had penetrated the liver, and said there was not much external hæmorrhage.

Soon after 8, P.M., Dr. Townsend saw him and found him lying on his bed, faint and partially insensible. There was no bleeding from the wound. The pulse was rapid and feeble. He was ordered morphine and brandy, if necessary, during the night.

Feb. 27th.—Patient had a quiet night, and is this morning rational, complaining of no pain in the wound or elsewhere. Bowels full, but not tender. Pulse rapid and feeble. Skin hot. Breathing short. Some cough and hoarseness of voice. Reports that he has had a bad cold and cough for some days, but was otherwise well. No bleeding from wound. His water was drawn off, as he was unable to pass it while lying down; an enema was given, which operated well, and hot fomentations were applied to the abdomen. Half a drachm of sweet spirits of nitre was ordered every two hours. Bandage not disturbed.

28th.—Abdomen softer, not tender on pressure. Patient passes water freely; no pain from wound. Slight yellow tinge about the eyes. The compress being displaced, the bandage was removed. The wound, an inch long, with pointed ends, was in the epigastrium, a little to the right of the median line, and just outside the cartilages of the sixth and seventh ribs; during this day there was an oozing of dark colored blood from the wound. Cough and other symptoms about the same. Ordered Brown mixture, p. r. n.

March 1st.—To-day, more feverish and more yellow. Pulse 130. Tongue coated. Patient is inclined to doze. ℞. Calomelanos, gr. v.; jalapæ, gr. x. M. To be followed by oil and lemon juice, if necessary. Oozing from wound continues.

2d.—Medicine operated well; patient feels brighter and much relieved. No tenderness or hardness of bowels. Pulse 110. Flow of blood from wound ceased. Yellowness increases. Omit fomentations and nitre.

3d.—Feels much better. Cough diminishing. Pulse 98. Light colored discharge from bowels. Yellowness intense. Asks for, and is allowed, chicken broth.

4th.—Is not so well this morning. Was rather flighty yesterday afternoon, and slept none in the night. Slight appearance of pus from wound to-day. Pulse slower; skin cooler; cough better. Broth advised to be continued, as he appears to relish it. Apply to wound spongio piline, and ℞. Extracti valerianæ fluidi, ʒi.; morphiæ sulphatis, gr. i. M. One drachm every two hours.

During this day he became more delirious, striving constantly to get out of bed, seeing objects on it, and persons in the room; his hands trembled, he talked incessantly, and presented well-marked

symptoms of delirium tremens. The valerian was continued during the night, and wormwood tea given him to drink. He had this night two or three hours sleep, and on the next day, March 5th, was quieter, though he still talked constantly. During this time the yellowness became of a deep orange color, which did not fade in the least till after the commencement of the *post-mortem* examination.

On the morning of March 6th he was decidedly better; he had slept well through the night, his mind was clearer, and he complained only of feeling stiff and sore all over his body. Pulse 96. Tongue cleaner, though it had never been badly coated. The discharge from the wound had increased. His urine was very high colored. Some time during the day he had a slight attack of nose-bleeding, to which, by report of his wife, he was subject; this returned about noon of the next day, when it was checked by cold affusion, but recommenced in the afternoon, and was again stopped by plugging both nostrils at the evening visit; this day his appetite failed him, and his wound ceased discharging, though his strength was not much reduced. The next morning, March 8th, he was reported to have slept none; he had low muttering delirium, and his pulse was feeble. Bleeding had begun slightly at 6, A.M., and continued till the time of the visit, when it was again stopped by further plugging the nose. Stimulants were administered as freely as he could be induced to take them, but he failed rapidly, and died at 5½, P.M.

Sectio Cadaveris.—Body in good condition. Rigor mortis as usual. No ecchymoses visible. Skin and eyes very dark yellow. In the epigastric region, just outside of the cartilages of the sixth and seventh ribs, and to the right of the median line, was a cut an inch long through the skin; in the rectus muscle beneath, it was two inches long and irregular in shape, as if the muscle had contracted violently whilst perforated by the knife; this was surrounded by an ecchymosis to the extent of six or eight inches. Upon opening the cavity of the abdomen, the perforation of the peritoneum was almost closed, and the cut in the liver looked as if cicatrization had taken place; moderate pressure drew it open again, and showed just at the junction of the two lobes of the liver a wound two inches long, extending inward, downward, and to the right, some three inches, entirely perforating that organ, and terminating at its transverse fissure. The gall-bladder was very nearly empty. The liver looked healthy, though it was much enlarged, weighing six pounds and three quarters; it was not fatty. All the blood in the body was in a liquid state, and under the microscope gave evidence of the presence of bile. Almost all the tissues were stained a deep yellow. There was considerable effusion under the pia mater and in the ventricles. The brain was healthy, as were all the other organs examined, with the exception of the heart, which was covered with lymph from recent pericarditis.

Dr. Jackson thought the yellowness of the surface in this case interesting as diagnostic of injury to the liver, and alluded to two or more cases of fracture of this organ, in which the same appearance was observed.

March 8th.—*Scarlet Fever followed by Chicken Pox; Fatty Tumor upon the Head.* Dr. Cabot reported the case.

The patient, a child, entered the Hospital three weeks ago, with a tumor upon the back of the head, which came on three months after birth, and proved to be of a fatty nature.

Previous to coming to the Hospital, the child had lived in a house where there was scarlet fever and chicken pox. On the day after the operation for the removal of the tumor, the patient was taken with vomiting, and on the following day, a rash appeared upon the skin, and the case proved to be a mild attack of scarlet fever, being followed by an enlargement of the glands, and pain in the joints. As the disease subsided, chicken pox made its appearance over the whole surface of the body.

The tumor, Dr. Cabot further stated, was of about the size of a hen's egg, and flattened, situated on the median line, just beneath the occipital protuberance; it had a fluctuating feel and was translucent in appearance, resembling a cyst filled with fluid. The only question as to its diagnosis, was between encephalocele and an oil cyst. Dr. Gay alone suggested the possibility of a fatty tumor. On pushing the tumor to one side, a bony rim was felt which proved to be the occipital ridge, there being no depression.

With regard to the fluctuation of fatty tumors, Dr. Jackson said that it had not been noticed by surgical writers, and he was inclined to question whether the difference in such tumors in this respect, does not depend upon the greater or less proportion in the tumor of fat to the fibro-cellular tissue.

Dr. J. alluded, in this connection, to a case of fatty tumor upon one of the fingers, reported by Dr. H. J. Bigelow, some years since. This tumor so closely simulated a bursa mucosa that it was punctured.

Dr. J. instanced the fatty deposit beneath the *ligamentum patellæ* as liable to mislead a surgeon, who might infer the presence of fluid in the joint.

Dr. Gay alluded to a case of fatty tumor upon the back of the head of an adult, for which he operated. The patient said that it was not congenital. It had the same fluctuating feel as did that in Dr. Cabot's case, and all who saw it were in doubt as to the presence of fluid. No allusion was made to the possibility of its being of a fatty nature. The rim of bone was quite marked.

With regard to the diagnosis between encephalocele and cysts, Dr. Warren thought it embarrassing. A child was brought to him some time since, with a large congenital tumor on the back of the head; it was firmly fixed to the skull, and its base surrounded with a bony ring, and it appeared to protrude from the cranium at that point. A cautious dissection was made, and the adherence between the cyst and the bone found to be very intimate. The tumor had made for itself a bed in the bone, from which the above appearances arose. Shortly after, another case presented, apparently similar, being also congenital. There was, however, no appearance of bony ring, or projection from the skull. With the advice of other surgeons, Dr. W. operated. In pursuing the dissection under the tumor, it was found that it communicated with the cavity of the cranium by a small aperture scarcely large enough to admit the finger, and directly under the centre of the supposed cyst. There was no elevation of the bone, and no symptoms which could have led to a diagnosis of the case. The shape of the tumor was perhaps not so globular as the cyst of the head, but still not elongated, as depicted in some of the books which treat of this malformation.

Bibliographical Notices.

Dysentery; its Pathology and Treatment—Clinical Lectures, &c. By Robert Campbell, A.M., M.D.

Dr. Campbell suggests that pathologically there are two distinct elements in dysentery—*spinal irritation*, its *essence*, and inflammation of some portion of the mucous coat of the large intestine. Which is the parent and which the offspring may be obscure, but he brings forward evidence to show that the laws governing the various operations of the nervous system render it more philosophical to suppose that irritation in the spinal cord has preceded—"as witness the chill and fever that often first demand attention." Involved in these speculations is the "excito-motory" theory of Marshall Hall and the *excito-secretory* theory of our author's brother, Dr. Henry F. Campbell—vide paper in the *Transactions of the American Medical Association*, Vol. VI. Our limits will not allow any further explanation of Dr. C.'s peculiar and clearly stated views, though they are full of interest and instruction. As to treatment—for the fever (which is paroxysmal) give quinine, "that magnificent boon from Heaven to Earth"! * Give five-grain doses every two hours, till its effect is "heralded in by the *ringing of bells.*" With emphasis he says, "give quinine in dysentery." This alone, he states, has broken up the disease. Sinapisms, blisters and cups, dry or otherwise, to the skin, are his adjuvants in treating the *cerebro-spinal* ingredient of the disease. In the local or intestinal element, he discards wholly the "opiate and astringent routine"—spares that "scapegoat" the liver, using mercurials in exceptional cases only. The "saline treatment," so prevalent at the South and South West, is regarded with more favor, and he gives it a place next his own in importance.

For the inflamed mucous membrane, the preëminent agent is turpentine: this membrane lines a canal which "must be kept open," so he combines with it castor oil, saponifying the oil with soda: suspends these in an emulsion of gum arabic and sugar, adds a sedative or anodyne (opium never—lavender he thinks a powerful sedative) and an aromatic. The "emulsion" certainly appears to have accomplished wonders, surpassing even the quinine. To secure "regular rest and resuscitation of strength," he gives an enema at night of $\frac{1}{4}$ to $\frac{1}{2}$ grain of morphine in from one to two ounces of cold water. The success following the above mentioned treatment, certainly warrants all praise from Dr. C.'s professional neighbors, and they seem to have appreciated it like true lovers of progress.

If in addition to originality, and boldness in stating his novel views, our author has a graceful and pleasing address, as is indicated by his enthusiastic and vivacious style, he must prove a very attractive lecturer to the students at the Jackson street Hospital. That he is, we doubt not, spiced as his lectures are with poetic quotations and occasional humorous allusions—the former in good taste, and the latter sufficiently dignified. His faults of expression are few; here and

* This exclamation, rather savoring of hyperbole, calls to mind what Sydenham says of opium in the same disease, the use of which Dr. C. so strongly condemns. "And now I cannot but acknowledge with gratitude the mercy of Almighty God, the Giver of all good, who has vouchsafed to mankind in its manifold afflictions, opiates, no other remedy being equally powerful for the subduing of many diseases or for effectually extirpating them," &c.—*Sydenham de Dysenteria.*

there we find a superfluous word disfiguring the construction of a sentence. We would query whether, had a New England lecturer used the word "cute" as on page 5, our Georgia friends would not pronounce it a *Yankeeism?* We notice "dubbed," "stove off," "blowing hot and cold," as not in good taste, and would suggest *most of*, instead of "almost all of." To us, *medicinals* is a new word. But we are not in a hypercritical mood; so pleased have we been with these lectures, that we should like more of his teachings—we might say, *their* teachings, for they have brought us, as it were, face to face with his confrère, Dr. Henry F. Campbell—*par nobile fratrum!* If "the Campbells *are* coming," we extend our hand. E. W. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 29, 1858.

MEDICAL EDUCATION.

The subject of medical education seems likely to occupy a prominent place in the business of the approaching meeting of the American Medical Association, a special committee having been appointed at the last meeting to report a more complete and judicious plan of instruction than those now in existence, to be adopted by our medical colleges. The medical press has to some extent been preparing the mind of the profession for the discussion which is to follow, by endeavoring to arouse attention to the great importance of improvement in our means of imparting a good medical education. Considering the abundant opportunities afforded by our hospitals for imparting clinical instruction, and the able and accomplished teachers we can command, it is evident that a right method of employing the advantages at our disposal is needed in most of our schools, rather than an increase in the number of teachers or hospitals.

The *Chicago Medical Journal* makes the following propositions, as embodying the principal changes necessary to perfecting our schools. 1st, a division of the several departments into two groups, the first embracing all those branches usually considered elementary, and the second all those more directly practical; 2d, an extension of the collegiate year, to allow two full lecture terms, one for each of the two proposed groups of departments; 3d, such a limit to the number of lectures per day as will allow adequate time for dissections and clinical instruction; 4th, access to the wards of a well-regulated hospital, an attendance on which being requisite for graduation. Our limits will not permit us to enter into the details of the plan of organization proposed by the *Journal*, but the above outline is sufficiently intelligible. We think this plan must commend itself to the candid mind as founded on correct principles, and as being in the main practicable. We may state, by the way, that it has already been adopted, in its essentials, by the Massachusetts Medical College, but with some improvements; instead of an elementary course of instruction composed exclusively of lectures, text books are employed, upon which the students are examined at regular intervals, while at the same time classi-

cal instruction is pursued, and the study of practical anatomy is followed. The length of time devoted to the elementary department, however, is longer than that proposed by the *Chicago Journal*, extending from March to November, with a month's vacation, while the second term embraces the four months from November to March. Thus the entire course embraces a year, with the exception of two months' vacation. We think that this plan of instruction by recitations is a great improvement on that by lectures. There is no way of imparting knowledge to a class of students which compares with it, and the Faculty of the Massachusetts Medical College have wisely adopted it as the method to be chiefly employed during the elementary course.

We trust that due attention will be paid to this important subject by the Association, at the approaching session. Upon the completeness of medical education depends the welfare of the profession. It is only by offering to the public a body of well-instructed physicians that we can successfully oppose the thousand forms of empiricism with which the community is deluged. It is not merely the love of the marvellous, nor simple credulity, that induces men to trust their health or their lives to the hands of men who have never received a medical education. We are afraid that in some instances it is because the regular physician is only half educated, and the quack, by the exercise of a little common sense and shrewdness, and the avoidance of active treatment, allows the natural powers of the patient's constitution to triumph, when they would otherwise have been crushed by the weight of treatment directed against their temporary disorder. Quackery must continue to exist, so long as human nature shall endure, but in proportion as the standard of medical education is raised, and as the public are enlightened on the subject of hygiene, will its evils become less and less felt.

HEALTH AND LONGEVITY IN AMERICA.

In a late number of the London *Lancet*, that Journal alludes to the supposed degeneration of the physical condition of the inhabitants of this country, which it ascribes mainly to the theoretical notion that "the races of men can permanently maintain themselves and thrive in those countries alone to which they originally belong, or as chiefly associated with which they come down to us in the archives of the world's history." The apparent contradictions to this theory are met by the reply that those quarters of the globe at present peopled by races foreign to the soil are in reality continually restocked by immigration, and that this influx must be arrested for a sufficient length of time before we can determine how the foreign race could propagate and maintain itself in its adopted clime. The *Lancet* asks, is the Spaniard thriving in South America, or the Celt and the Saxon in its northern half, under the limitations we require?

We reply that the Celt and the Saxon *are* thriving in the northern regions of America, and that they do not depend upon immigration alone for their rapid multiplication. It is true, the largest mortality is to be found among the late arrivals, but this fact only shows that their mortality is chiefly owing to the destitution, neglect and ignorance which they brought with them from the mother country. The Irishman flourishes on the American soil. Ignorant and oppressed, the victim of misery and epidemic disease, he is apt to die after undergo-

ing the hardships of a sea voyage, or when exposed to the unwholesome influences of filth and impure air in the crowded dwellings of the poor. But once established, he multiplies rapidly, and successive generations improve in intelligence, in wealth and in health, under the advantages of a free government, and a fair field for the development of all their powers.

As to the Anglo-Saxon, the American soil appears to be almost as congenial to him as the land of his forefathers. This at least is true in New England, where the average duration of life is very great among the native-born. We hardly know a country where the instances of very long life are so common. It is by no means very rare to witness examples of individuals who attain the age of one hundred years and upwards, and we have lately cited instances of the great longevity of those whose deaths are recorded in the daily newspapers. The real cause of ill health and shortness of life in this country will be found not so much in the want of adaptation to the climate as in the disregard of hygienic measures. When we exercise as much in the open air as our English brethren, when we make the pursuit of wealth secondary to the pursuit of happiness, we may expect to lengthen our average duration of life, and to increase our average amount of good health.

BOSTON MEDICAL ASSOCIATION.

A special meeting of the Boston Medical Association was held at the Medical Societies' Room, in Temple Place, on Wednesday, April 7th, 1858, at 4, P.M.

Dr. John Homans was elected Chairman. The following resolutions were unanimously adopted :—

Resolved, That the Boston Medical Association will send five delegates to the Quarantine Convention to be held at Baltimore on the 29th instant.

Resolved, That a Committee of five be appointed by the Chair, with full power to appoint said delegates.

The Special Committee, to whom was referred the alteration of the twenty-second Rule, in regard to the admission of members, reported an order rescinding the clause which obliges new members to transmit a circular informing each member of their having joined the Association, and substituting the following words : "The names of new members shall be published from time to time, at the discretion of the Secretary, in the Boston Medical and Surgical Journal."

Dr. Bowditch offered the following resolutions, which were referred to the Standing Committee, with instructions to report at the next meeting :—

Resolved, That in consequence of the system of extended credits being no longer sustained by the community, it becomes necessary for the medical profession to act more strictly in accordance with the spirit of the nineteenth of the Rules and Regulations.

Resolved, That it is hereby recommended to the members of the profession in Boston to present their regular bills as often as once in three months, and to collect all fees for consultation and for the treatment of isolated cases immediately after such consultation and such treatment.

Voted to adjourn.

John B. Alley, *Secretary.*

National Scientific Meetings.—The American Association for the Advancement of Science will hold its annual meeting at Baltimore, beginning on Wednesday next. The citizens of Baltimore are making extensive preparations for the reception and entertainment of delegates. The annual meeting of the Quarantine Convention will be held also in Baltimore at the same time, and the American Medical Association will meet at Washington on Tuesday, May 4th. We understand that a large number of delegates from Boston will attend these meetings.

Confidential Disclosures made by a Patient to his Physician not to be allowed as Evidence.—In the trial of Ira Stout, at Rochester, N. Y., for the murder of Mr. Littles, the testimony of physicians sent by the coroner to examine the prisoner in his cell, for the purpose of obtaining evidence against him, was offered, but objected to, as coming under the statute of New York which excludes the evidence of a physician relative to matters of confidence with his patient. There was a difference of opinion among the judges, as to whether the testimony should be allowed, but the majority were for a liberal construction of the law, and sustained the objection, on the ground that the prisoner had reason to believe that the physicians came to him to administer for his relief, and that therefore the district attorney was not at liberty to prove by them the condition in which they found him.

Anonymous Communications.—We some time since intimated to correspondents that no anonymous communications could be published in the Journal. This rule, which is so generally adopted by editors, commends itself at once to every reasonable mind. Twice lately, papers have been sent to us unaccompanied by the names of the writers; and we have been obliged to insert a request, in our list of communications, that they might be sent. We trust that correspondents will hereafter be mindful of this regulation. Valuable papers may thus be delayed until their publication is perhaps useless, and may be lost altogether to the medical community.

The Oglethorpe Medical and Surgical Journal is the title of a new medical periodical published in Savannah, Ga., by the Faculty of the Oglethorpe Medical College, and edited by Drs. H. L. Byrd and Holmes Steele. It is a well-printed journal of 64 octavo pages, and is issued bi-monthly at two dollars per annum.

Married,—At Roxbury, 14th inst., Thomas B. Wales, M.D., to Miss S. Elizabeth Blanchard.—At West Roxbury, 13th inst., Dr. J. M. Fitz to Miss Nancy Chase.—At Billerica, Dr. George W. Vinal, of Andover, to Miss Harriet B. Merriam, of Billerica.

Died,—In Evansville, Ind., Dr. John Pocock Holmes, a member of the British College of Surgeons, and noted for several valuable inventions. Dr. Holmes was formerly in the employ of the Hudson's Bay Company, and was the intimate friend of Capt. Parry, the Arctic Navigator. In his later years he became blind and paralyzed, and finally died in misery and obscurity.

Deaths in Boston for the week ending Saturday noon, April 24th, 65. Males, 39—Females, 26.—Accident, 1—disease of the bowels, 1—congestion of the brain, 1—cancer, 1—consumption, 9—croup, 1—diarrhœa, 1—dropsy, 2—infantile diseases, 8—exhaustion, 1—typhoid fever, 4—scarlet fever, 3—disease of the heart, 4—intemperance, 1—inflammation of the lungs, 4—marasmus, 2—measles, 6—old age, 2—peritonitis, 1—pleurisy, 2—scrofula, 1—scalded, 1—suicide, 1—teething, 1—thrush, 1—unknown, 2—whooping cough, 3.

Under 5 years, 33—between 5 and 20 years, 4—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 5. Born in the United States, 46—Ireland, 12—other places, 7.

Middlesex South (Mass.) District Medical Society.—At a meeting of this Society, held on the 21st inst., at Waltham, the following persons were chosen officers for the ensuing year, viz., *President*—Morrill Wyman, M.D., Cambridge. *Vice President*—Simon Whitney, M.D., Framingham. *Secretary*—Otis E. Hunt, M.D., Weston. *Treasurer*—R. S. Warren, M.D., Waltham. *Supervisors*—Drs. Theodore Kittridge, Samuel Richardson, J. M. Whittemore. *Censors*—Drs. Morrill Wyman, Horatio Adams, Moses Clarke. *Commissioner on Trials*—Anson Hooker, M.D. *Councillors*—Drs. Luther V. Bell, J. H. Brown, Jefferson Pratt, Howland Holmes, A. H. Blanchard, H. A. Barrett, R. S. Warren, A. W. Whitney, Edward Warren, J. W. Bemis, R. L. Hodgdon, C. H. Allen, G. I. Townsend. *Orator*—Jacob Hays, M.D. *Orator's Substitute*—J. W. Bemis, M.D. *Delegates to the Am. Med. Association*—Drs. Luther V. Bell, Moses Clarke, Horatio Adams, C. F. Foster, Morrill Wyman, Augustus Whiting, W. W. Wellington, J. W. Bemis, Anson P. Hooker, C. D. Dowse, Ira Russell. OTIS E. HUNT, *Sec'y.*

The Thirteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held in the city of Quebec, C. E., to commence on the second Tuesday in June, at 10 o'clock, A. M.—*Amer. Journal of Insanity.*

University of Maryland—Medical Department.—The following changes have recently been made in the Faculty of this school. Prof. R. H. Thomas has, in consequence of protracted ill health, resigned the chair of Obstetrics. Dr. Geo. W. Mittenberger, Professor of Materia Medica and Therapeutics, has been transferred to the chair of Obstetrics, and Charles Frick, M.D., has been elected to the Professorship of Materia Medica and Therapeutics. Dr. Frick is extensively known by his various valuable contributions to our science, and his accession will add materially to the strength of the school.—*Philad. Med. News and Library.*

New Orleans School of Medicine.—The second Annual Commencement of this school took place March 31st. The whole number of the class for the session was 126; and of these, 33 received the degree of Doctor of Medicine. Of the graduates, there were of Louisiana, 9; Mississippi, 7; Alabama and Tennessee, 4 each; North Carolina and Texas, each 2; California, Arkansas, Georgia, Cuba and Germany, each 1.

Ovariotomy.—This operation was performed by Dr. W. H. Mussey, of Cincinnati, in the month of February last. The patient was living a month afterwards, and there was a fair prospect of recovery. The mass removed weighed twenty-one pounds. Vomiting and diarrhœa were troublesome symptoms for several days after the operation. The stitches were removed on the fourth day. The ligatures separated on the nineteenth and twenty-fourth days.—*Cincinnati Lancet and Observer.*

Glycerine in Dysentery.—M. Daude, a French provincial practitioner, reports that during a severe epidemic of dysentery he found the employment of glycerine of the greatest utility. He prescribed one ounce of glycerine in five ounces of decoction of linseed, in an injection, repeated twice a day, and two spoonsful every hour of the following mixture:—Glycerine, 11 drachms; orange-flower water and water equal parts, so as to make a five ounce mixture.—*L'Union Med.*

Vaccination with a Magnetized Needle.—Professor Beka states that since 1856, hundreds of children have been thus vaccinated, with scarcely any failures occurring. The point of the needle is well saturated with the magnetic fluid before practising the vaccinations, which are then performed in the usual manner, a single magnetization serving for many vaccinations. It is quite surpriring to observe the rapidity with which the vaccine virus is absorbed when the needle is thus prepared.—*Presse Med. Belge.*

Chlorote of Potassa in Gonorrhœa.—Dr. A. S. Palmer says, in the *Cincinnati Lancet and Observer*, that he has used the chlorate of potassa in a number of cases of gonorrhœa as an injection, with decided advantages; not one case has failed of being cured within five days. He uses it in the proportion of six grains to the ounce of rain water.

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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LITHOTRITY AS APPLICABLE TO CHILDREN, WITH THE REPORT OF A CASE.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY D. D. SLADE, M.D., BOSTON.

THE comparative exemption of New England from that distressing malady, calculus of the bladder, is well known. Various, but unsatisfactory theories have been offered in explanation of this singular immunity from a disease which is so commonly met with in other regions of the United States and Canada.

In a communication to the *American Journal of Medical Sciences*, October, 1844, the late Dr. J. C. Warren says: "In the course of forty years I have been called upon to perform all the operations of lithotomy which have been done during that period in the city of Boston. The whole number has not exceeded twenty-five, inclusive of lithotrity cases, in a population which has increased during the period mentioned from about 26,000 to more than 100,000. Of these, not more than three were natives of Boston or vicinity."

In the same Journal for 1849, Dr. J. M. Warren communicates the history of seven cases operated upon by himself, and since this publication several other cases have occurred both in his practice and in that of other gentlemen. In the Reports of the Massachusetts General Hospital, I find that since the foundation of that institution, there have been admitted 29 cases of vesical calculus, of which 21 were natives of New England, 2 of the British Provinces, and the remainder European.

A few scattering cases have also occurred in the practice of our principal surgeons in various parts of New England. In the long-continued and extensive practice of my late instructor, Dr. Twitchell, of Keene, N. H., a practice which extended over all Northern New England, but two or three cases of vesical calculus were met with.

This affection has certainly been of more frequent occurrence in this vicinity within the last four years, a circumstance which may

be attributed, more particularly, I think, to the great increase of foreign population.

But the more especial object of this paper is to examine into the value of lithotrity as applicable to children. The success which has attended the cutting operation for calculus of the bladder in children, seems to have caused surgeons to have recourse to it to the almost entire exclusion of lithotomy. With the exception of two cases performed by Dr. J. M. Warren, and the case which is appended, I do not find that this operation has ever been practised upon children in this section of the country; and yet that it can be satisfactorily and safely performed, I think there is ample evidence, although a variety of opinions is entertained upon this point by surgical authorities. Civiale says:—

"It has been urged that the state of these organs before puberty would constitute a serious objection to my method of operating upon children. In a great number of cases I have made use of an instrument of two lines in diameter for breaking up and abstracting small calculi and fragments."

"These instruments can be made use of for operating upon patients of 3 and 4 years of age, and if the stone is small the operation will be followed by the best success."*

Velpeau, in his work on "Operative Surgery," says: "Before puberty, lithotrity is less easily performed than in the case of adults, on account of the want of development of the sexual organs, the small diameter of the urethra, the indocility of the patients and the extreme sensibility of the parts."

Brodie, in his lectures on the urinary organs, makes these remarks: "In boys under the age of puberty, lithotomy is so simple, and so generally successful, that we ought to hesitate before we abandon it for any other kind of operation. There is also a manifest objection to lithotrity in these cases, on account of the small size of the urethra, which is such that it would not admit of the introduction of instruments of sufficient strength to crush a calculus of more than moderate dimensions."

Fergusson says: "Although lithotrity may be performed on children, it may well be doubted if such a proceeding should ever be attempted upon them; for it would be difficult to name any single operation of magnitude which has been more successful on young subjects than lithotomy. Out of one hundred and five cases operated upon by the latter method in the Norwich Hospital—the patients being under ten years of age—only three died, thus giving an average of one in thirty-five; and although other tables do not show altogether such results, there are good reasons for supposing that the average deaths in young persons who are subjected to lithotomy is little more than one in twenty-eight or thirty. Until it can be shown, then, that lithotrity surpasses this success, and is in

* "De la Lithotritie," by Docteur Civiale.

almost every other respect to be preferred, it is only a fair conclusion to draw at the present time, that lithotomy is decidedly preferable in such subjects; and when, moreover, the comparative frequency of the disease in children is taken into account, it will at once appear that a large proportion of all cases of stone must yet be set aside from the lithotomist. Above the age of puberty, however, the average alters very materially, and, as already stated, the propriety of resorting to lithotrity ought to have due consideration."

Gross says: "Age constitutes no valid objection to the operation. If the general health is good; if there is no organic disease of the urinary apparatus; and if the manipulative processes are conducted with the requisite care and skill, it does not matter how old or how young the patient may be, he will have a reasonable chance of recovery. Leroy, Civiale and others long ago demonstrated the practicability and safety of the operation upon children of three and four years of age; and Dr. Smith, of Baltimore, has in several instances resorted to it successfully at a much earlier period."

Thus, the principal objections urged against lithotrity in children are, the narrowness of the urethra, the sensibility of the parts, and the extreme intractability of the patients. In answer to the first, I would remark that the very tendency of the disease is to dilate the canal, so that the surgeon is often astonished at the size of the instrument he is able to pass readily into the bladder. The use of anæsthetic agents entirely overcomes the two latter objections.

The only real and truly formidable obstacle to the adaptation of this operation to children, depends upon the difficulty of getting rid of the fragments of the crushed calculus. The impossibility of retaining the contents of the bladder to a degree sufficient to wash away these fragments which are constantly in danger of becoming impacted in the canal, is certainly a strong objection, especially in the case of very young children. This, however, would not hold good in those cases where the stone was found to be small, so as to be readily and thoroughly crushed. At any rate, lithotrity has the advantage, to say the least, of being a far less formidable operation to those most concerned in the welfare of the child, than the cutting operation, a consideration not to be lost sight of.

As to the comparative safety, and the ultimate results of the two modes of removing calculi of the bladder in children, we have not sufficient data upon which to found an opinion. We can see no reason why, in skilful hands, lithotrity should not give as good results, and even better than has lithotomy.

The following case, in which lithotrity was performed, may be considered as successful, so far as the operation was concerned. Had the patient not succumbed to another disease, of an entirely

different character, there was every probability that the remaining calculus could have been removed as successfully as was the first.

Patrick R., æt. 6, of Irish parentage. Was born, and has always lived, in Boston. Father reports that the boy has suffered from the symptoms which he now has, for the last twelve months. With the exception of slight bronchial troubles the child has always been healthy. Has five other children, none of whom have ever suffered from any diseases of the urinary organs. No hereditary tendencies to calculus exist in the family. The history of the case pointing to the presence of a vesical calculus, having etherized the child, I passed a moderate-sized sound with perfect ease, and at once detected a stone. Two days after, the patient having experienced no untoward symptoms from the sounding, I again etherized him, and readily broke up the stone by means of a small-sized lithotrite, the operation occupying about eight minutes. Visited him six hours after the operation; found that he had slept for an hour; had passed his urine twice without much pain; had taken a warm bath, and demulcent drinks, which had been ordered.

The next morning, March 25th, found the boy bright and lively. Had passed a very comfortable night, and slept well; had suffered no pain whatever; has wet the bed but very slightly, less so than at any time during the existence of the disease; has passed his urine voluntarily twice, with a good many small fragments of stone; not the slightest symptom of any inflammation about penis or over the pubic region. Continue the same treatment. Thus a week passed; the patient continued very comfortable and relieved of nearly all troublesome symptoms. No pain or inflammation present; good appetite; sleeps well. Small bits of the stone have passed at every act of micturition, and without giving any distress. At the end of this time, a large fragment became suddenly impacted in the membranous portion of the urethra, which caused great suffering. Having etherized the boy, I attempted to dislodge it by means of a sound, but finding it firmly fixed, and that I should doubtless do some injury to the neighboring structures if violence was used, I suffered it to remain, trusting to the natural efforts to get rid of it. Ordered anodyne enemata, warm bath, and demulcent drinks ad libitum. The next day, at noon, the fragment was spontaneously dislodged, and the patient immediately relieved. For three days the boy was very comfortable, all the symptoms of stone had apparently passed away, when on Saturday, April 5th, the mother unwisely suffered the patient to remain for two or three hours standing about in the street, the atmosphere being excessively chilly. Early on Sunday morning, after passing a restless night, he complained of some difficulty in urinating, and throughout the day he was feverish, and in a good deal of distress. Although I gave strict orders to the mother to inform me of any change, I was not summoned until Tuesday noon. At my visit found the child in bed, complaining of some abdominal

pain; pulse 128; skin moist; tongue coated; constantly crying and moaning; urine dribbling away; bowels constipated. The mother reports, also, that there has been some bronchial difficulty—slight cough and some dyspnœa. Ordered cathartic, warm bath, opiate enemata and fomentations over abdomen. The next day, found patient very feeble; had passed a very restless night. On examination of chest, discovered well-marked crepitation at lower posterior portions of both lungs. Dyspnœa had very much increased. Consultation with Dr. J. M. Warren in the afternoon. Ordered nitrous spirits of ether, five drops every four hours; the other treatment as before. Up to the time of his death, which occurred eight days after this, the chest symptoms occupied my chief attention. There was no pain or any tenderness over the region of the bladder, but the incontinence of urine continued, which I attributed entirely to the general prostration and debility of the patient, due to the pulmonary disease, and not at all to any local cause.

Only a partial autopsy was allowed. Emaciation of whole body very great. On opening abdominal cavity, found the bladder much contracted, containing only one or two drachms of urine, and no particles of the crushed calculus. There was present, however, another calculus, of the size of a horse-bean, which appeared smooth, and to have entirely escaped the lithotrite. No fragments in urethra. There were one or two spots of ecchymosis upon the lining membrane of the bladder, upon the posterior and lower portions; otherwise the organ appeared perfectly healthy. No appearance of any peritoneal inflammation.

On analysis, the stone was found to be composed of phosphate of lime.

The reading of this paper called forth some interesting remarks, particularly from Dr. Bacon. This gentleman remarked, that there had been a great increase in tendency to vesical calculus in this neighborhood of late, particularly of the oxalate of lime. The reason for this remains unexplained. Some attributed it to the use of Cochituate water, which is very pure, it having been substituted for a water containing a large amount of deliquescent lime salts. This can only be proved in time. Against this theory is opposed the fact that many patients with this affection who have been seen by Dr. Bacon, still use the same water to which they have been accustomed for many years. There is also a great increase of cases where the calculi are small, and escape from the urethra spontaneously. These are almost invariably oxalate of lime. He thought that this fact could not be owing to any particular article of food containing oxalic acid, as these acids are decomposed in the body. Neither did he think that the lime salts in water had any influence.

I remarked that the fact of oxalate of lime calculus being so frequently met with was to be attributed, in my opinion, to the

great nervous excitement and mental fatigue to which our people are so prone to expose themselves.

In conclusion, although the case reported cannot be considered as entirely successful, yet another *sitting* would have sufficed to have broken up the remaining stone, which was small and friable, with every reason to suppose a speedy and permanent recovery.

TWO FŒTUSES UNITED, FACE TO FACE, FROM THE UMBILICUS TO THE UPPER THIRD OF THE STERNUM.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Having seen, a few weeks ago, a newspaper account of the case above referred to, I wrote to my friend, Dr. R. K. Jones, of Bangor, Me., and with his assistance have been able to get the specimen for dissection, and an account of the birth, from the attending physician, Dr. D. J. Perley, who practises in Old Town, a few miles from Bangor.

The mother is 43 years of age, and has had seven or eight living and well-formed children. Her labors have always been hard, and the three last have been followed by "lymphatic swelling" of one or both lower extremities. On the 11th of February, about 3, A.M., Dr. P. was called, and found her in labor. "At a proper time" he examined, and found the vertex presenting. As the pains increased, Dr. P. was surprised to find that the head did not descend as it should, and "more especially at its tardy progress through the vulva." "The stasis of the head for nearly two hours, with but a little change, is a very noticeable circumstance in the mechanism of the case"; what was gained by the uterine contractions being lost during the intervals. The head was at last brought through the vulva without the use of instruments, but still the shoulders did not descend; and on examination, "the head of another child was found impacted snugly against the left side of the pelvic bones near the acetabulum. I endeavored to push the head back, on the accession of pain, but without effect. As it appeared to occasion the woman considerable suffering, I desisted from such further attempts, and endeavored to extract the first child. I succeeded, with some embarrassment, in bringing down two arms, the recovery of which increased the space in the lower aperture. The twofold advantage gained of increased space and of the power exerted in drawing the shoulders forward to the outlet, and the frequent audible yielding of the connections of the bones of the pelvis (probably the sacro-iliac and sacro-coccygeal), enabled the head of the second child to slide under the arch of the pubes, and they were both at once ushered into the world alive. From the relative position which they assumed at the instant of their birth, I judged that in their descent through the pelvis, the head of the second was wedged upon

the right shoulder of the first." The children were born about 3, P.M. "Animation was more vigorous, and perhaps a little longer manifested in the second presenting child than in the first; and, I think, without the aid of accurate time, continued about fifteen minutes." "There was but one placenta, and but one funis until it arrived within about two inches of the fœtal abdomens, when it divided, and a branch went to supply each of the children." As a small portion of the cord was still connected with the fœtuses, and I saw no appearance whatever of the division referred to by Dr. P., I made some inquiries of him in regard to this point, through Dr. Jones, and he very positively re-asserted the statement. "The pulsation of the cord at birth was very strong, and continued, though with lessening force, probably ten minutes. Whilst the pulsation was yet considerable, I divided the cord some inches above its natural division for distribution, omitting the usual precaution of tying the fœtal portion, through which some blood escaped, and animation soon ceased."

The patient was much exhausted by her labor, and subsequently "had symptoms of peritoneal fever," with "lymphatic swelling of the whole of the left lower extremity;" but, on the 15th of March, the date of Dr. Perley's letter, she was doing well, though still confined to her bed. An abscess, however, was forming about the "right sacro-iliac symphysis."

The fœtuses had been perfectly preserved in spirit, and were in no way injured. Weight five pounds ten ounces (avoirdupois). Length fifteen and three fourth inches. Equally developed and well formed, excepting the fusion. No hernia at insertion of cord.

The two abdominal cavities communicated freely, and the alimentary canal was essentially the same as in the case figured by Cruveilhier (*Anat. Path.*, liv. xxv.). Referring to the two fœtuses as A and B, each had its œsophagus and stomach; and these last were equally developed, which they were not in Cruveilhier's case. The duodenum of A and B, at the distance respectively of 1 inch, and $\frac{3}{4}$ of an inch from the pylorus, united to form a single intestine 37 inches in length; this then again divided, but first formed a dilatation nearly as large as the top of the thumb, and of a somewhat triangular form. Below the division, the small intestine of A measured $23\frac{1}{2}$ inches, and that of B 32 inches; the large intestine of A $16\frac{1}{2}$ inches, and that of B 23 inches. At a distance of $2\frac{3}{4}$ inches from the division, there was in the intestine of A what may be called an abrupt, linear obliteration of the canal; the whole intestine below this point being smaller than that of B, and filled with very thick mucus; whereas the large intestine of B was full of common meconium. The folds of the intestines were to a considerable extent adherent, as from an imperfect development of the mesentery; and this was particularly the case with the large intestine of A. A dilatation of the single intestine, and just as the two sets are to be formed, I have several times met with

in double monstrosities, and am not aware that it has been particularly, if at all, noticed by others.

There were two livers, the whole mass being small for the two fœtuses. They were intimately fused by their upper edges or extremities, and each had its gall-bladder; the ducts being traced, but not quite to the intestine. In each the umbilical vein entered upon the convexity; and each had its suspensory ligament, the two being in a continuous line.

The diaphragm formed a large arch, as usual in these cases, and had its usual connections.

The two livers did not belong respectively to the two fœtuses; but each was composed of the right lobe of one fœtus and the left lobe of the other; as if, in the first period of their formation, they had been divided, widely separated, and then fused. And so the formation of the diaphragm may be explained; the space left by the separation of the two being closed by new-formed muscular substance. The upper third of the sternum, also, of each fœtus being properly formed, the remainder consisted, on each side, of a fusion of the divided sterna of each. I do not mean to say that any such division originally existed, or subsequently took place, nor that it did not; but I would simply give an idea of the parts as they now appear.

The following organs were found in each fœtus, and they were well formed: the spleen, two kidneys with their renal capsules, the bladder, and the testicles; all four of the last being in the abdomen. Penis of each large. Vesiculæ seminales of each partially dissected. Pancreas of one felt, but not dissected.

The heart was single, but formed of a fusion of two, and contained in a single pericardium. Its transverse diameter was much greater than the longitudinal; the ventricular portion being considerably broader than in the tortoise. Between the two right auricles there was nothing like a septum. The left auricles also opened freely into the right; but that of A the most so. The four auricles were distinctly marked by appendices. The upper vena cava of A ran down upon the left side, instead of the right, but opened into the right auricle; the upper cava of B, and both of the lower venæ cavæ, were distributed as usual. The pulmonary veins of each fœtus, respectively, were collected from the different lobes of the lungs, and formed a common trunk half an inch in length; that of A opening as it should, but that of B opening into the right auricle of B. The tricuspid valve of A was sufficiently marked; from the ventricle, a pulmonary artery arose and sent a branch as usual to each lung, but none to the aorta. The left ventricle of A communicated pretty freely with the right, but not directly with the auricle. The aorta that arose from this left ventricle could be inflated, but a small probe could not be passed into it; the usual vessels were given off at the arch; the right common iliac artery was very small, as there was no umbilical artery upon

this side, the left being quite large, as was also the umbilical. The tricuspid valve of B was rather small. The pulmonary artery arose from the right ventricle, and gave off a ductus arteriosus as well as the two pulmonary branches. The left ventricle of B had no communication with the right, but was directly continuous with the right ventricle of A. The aorta arose from this left ventricle and gave off its branches properly, excepting the left carotid, which arose from the origin of the innominata. In the case of the iliac arteries the distribution was just the reverse of what it was in A; there was but one umbilical artery, and that was upon the right side; the right common iliac being, of course, very large, and the left proportionally small. The different vessels, as they entered or arose from the heart, were of the proper size; but none of them were cut open to expose the valves. The thickness of the ventricular parietes, and the size of the cavities, were about natural; and upon the external surface there was no appearance as of a division within, excepting the right ventricle of B, in which this appearance was quite marked.

Each fœtus had its two distinct pleural cavities, its two sets of lungs, some of the lobes of which were rather more fissured than usual, its trachea, larynx, thyroid and thymus glands.

The fœtus having been dissected, will be returned to Dr. Perley; to whom, as well as to Dr. Jones, I would here publicly acknowledge my obligations. I regret that the mere record of a case, without comments, should occupy so much space in your Journal; but, if any apology is needed, I would say, that though cases like the above are occasionally reported, it is very rarely that the dissection is given. Yours respectfully,

Boston, April 27th, 1858. J. B. S. Jackson, M.D.

RETAINED PLACENTA AFTER ABORTION.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The frequent occurrence of accidental abortions, and the rapid increase of criminal efforts to produce them in this fast and fastidious age, combined with the uncertainties and perplexities so often attending them, render the subject one of considerable importance to the medical profession generally, and more particularly to its junior members. This is my only apology for again calling your attention, and that of your readers, to a brief account of a case which recently came in my charge.

Mrs. ——, who is the mother of several children, and from her own statement has had four abortions within the past six years, all before the fifth month, however, sent for me the 20th March, ult., stating that she had "lost her monthly sickness" about three months previously, and supposing herself pregnant, had repeatedly, within a few days before calling me, tampered with the neck of

her uterus by inserting a sharp piece of whalebone. This action had been followed by a discharge of bloody fluid, pain in the back and hips, and at first a slight hæmorrhage. The latter, however, had rapidly increased, until she felt alarmed, and accordingly called me in. On examination, I found the neck of the uterus considerably tumefied and tender, the os so far opened as readily to admit the finger, which came in contact with a small body, which was soon expelled, and proved to be, as expected, a fœtus. It was of about ten weeks' growth. I immediately traced the cord to the placenta, and endeavored to hook my fingers over it and thus detach and remove it. It proved so friable as to tear with very slight force, and my efforts to detach and draw it away were unsuccessful. She soon implored me to desist, as the attempt gave her great pain; and, as it became necessary for me to leave her for a few hours, I applied a tampon to prevent excessive flowing, pressing it in firmly. Over the external genitals a compress was applied, and also a bandage to secure it. I was absent about eight hours, and on my return she informed me that two hours previously the bandage and compress had been removed, to allow her to urinate, and that immediately after getting upon the vessel, the plug and afterbirth both passed away; the latter much disfigured by my efforts to remove it, though the entire substance was present.

The questions have arisen in my mind whether, when the usual manual and medicinal means fail (and my experience has led me to know that they are not always reliable in abortions before the fifth month), the desired result may not generally be expected to follow the withdrawal of the tampon? And whether the tampon pressed firmly up to the mouth of the uterus, and perhaps a portion into it, and bound there, does not have something to do in inducing the uterine contractions, which result in the expulsion of the placenta?

E. S. Walker, M.D.

Brockett's Bridge, N. Y., April 22d, 1858.

TRANSMISSION OF SYPHILITIC POISON.—LETTER FROM PROFESSOR SIGMUND.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I send you the translation of a letter received by me a short time since, from Prof. Sigmund, of Vienna, in answer to questions on some disputed points in the venereal disease. It will be seen that Prof. S. asserts his belief in the communicability of the disease in question from secondary appearances. To this part of his letter I beg leave to invite the attention of those members of the Suffolk District Medical Society present at the meeting of March 27th. I am, very respectfully, yours,

2 *Bumstead Place, April 13th.* Henry K. Oliver, M.D.

Vienna, General Hospital, 6th January, 1858.

DEAR DOCTOR,—I send you, herewith, the answers, according to my observations, to your four points. In all these questions there has been a great deal of personal matter brought into the subject, from authorities being apt to adhere to such opinions as they have once made public, at all hazards. Further, the assertions of the patients themselves have been too much relied on. * * * * If you wish more communications on syphilis from observations in the Vienna Wards, I would call your attention to the Wochenschrift (Woltelshoefer, Vienna), and to our Yearly Report (Braumueller, Vienna). I enclose you, hereby, such as have already appeared, and as I shall prepare those of 1855–57 together, you can have these too, in from four to five months, if you will let me know through whom to send them.

With best wishes, your devoted SIGMUND.

1st, From *observations on patients* I have remarked the communication, from one individual to another *healthy* person, only in the case of *plaques muqueuses* (breite Condylome). This result takes place through frequent or long-continued contact, which, aided by the warmth and moisture of the parts, causes excoriations. The communication requires from five to six weeks' time; I never saw it take place in less than five weeks. Here belongs also the infection of child by nurse and nurse by child, through papules or excoriations of the skin, or fissures in infiltrated skin.

2d, I know of no case where a common catarrh of the uterus, or of the vaginal mucous membrane, has given rise, in the male, to gonorrhœa; that is, a contagious hypersecretion, with its consequences, of the urethral mucous membrane. I know, however, cases in which the man has infected the woman, who was pregnant, or became so, and in whom, after delivery, the lochia, leucorrhœa, &c., infected other men. It is from the *very numerous* cases of this kind that this question has become so intricate, for, strange to say, many physicians consider the gleet (nachtripper), especially the prostatic, and the glandular secretion of the fossa navicularis, which may easily block up the opening, as non-contagious. They are so, however, and only the circumstance that the secretion is often washed away before intercourse, or is even entirely absent, prevents sometimes the infection. I have known men to sleep with women with cancer of the uterus, and no result follow it; sometimes a hypersecretion of the mucous membrane of the urethra comes on, which, however, yields in a few days to cleanliness. *Gonorrhœa arises from gonorrhœa.*

3d, The *vegetations* are always the result of the gonorrhœal secretion alone. Errors in diagnosis, and filthiness, (especially in hospitals, but also in private practice), have deceived authors in their opinion of the origin of these morbid productions. A thorough destruction, by local applications, of *all* vegetations present,

removes them permanently, but it is not the same with general remedies; or, they may shrink up, die and fall off, with or without these general remedies. Balano-blennorrhœa alone often gives rise to them, as also blennorrhœa of the glands of Bartholini, in women. Thence arise the errors of observers, who overlook these two forms, or fail to find them because already disappeared, but find chancres, and impute to them the origin of the vegetations. Moreover, authors have been, and are still, very careless in the diagnosis of the growths in question; simple hypertrophy of papillæ, even the coagulations in exudations, were mistaken for them; also growths, similar in appearance, often seen in pregnant women, and, lastly, exudations in the deep parts of the eye, even, as well as in the anterior chamber.

4th, Inoculation with the vegetations—that is, the transfer of the blood and contents of the cells—gives a negative result; producing neither blennorrhagia nor chancre. When blennorrhagia still remains, this is often inoculated, since an incredibly small amount of mucus or pus is sufficient to transfer the disease. I have inoculated with a few little drops, scarcely to be discerned by the eye, and when I employed warm secretion, the inoculation has always succeeded, provided also the mucous membrane itself was reached, and not a layer of pus or other secretion.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.
CHARLES D. HOMANS, M.D., SECRETARY.

Use of Chlorate of Potash in Stomatitis.—Dr. Abbot inquired if any gentleman had had any experience in the use of this drug in the above affection, as recommended by French authors.

Dr. Channing had administered it in three cases, but it had not answered his expectations. Two of these were nursing children, and one an adult. They all did well, but recovery was not so rapid as he had supposed it would be.

Dr. Abbot had, within two weeks, seen three cases of extensive ulceration of the gums, which all recovered very quickly under this treatment. The patients were 5 years old, and under. One of them had been in a very bad condition for four months, but in a week from the commencement of the treatment it was entirely well. In this case fifteen grains were given three times a day; in the other two, ten grains in the same way.

Dr. Lyman had used chlorate of potash for ulcerative stomatitis, in smaller doses, and had always found the disease yield in a few days, with one exception, that of an adult in an extremely bad condition.

Dr. Durkee had employed this remedy for ulceration in the buccal cavity, both internally and as a gargle. He gives it in quantities varying from one to three drachms a day; from one to one and a half drachms a day may be taken for any length of time with impunity.

He alluded to the case of a lady, from a distance, who wore artificial teeth, and had a bad ulceration in her mouth, which had been considered as syphilitic. In consultation with another physician, Dr. Durkee suggested that the trouble might be caused by the plate in which the teeth were set, and recommended the use of chlorate of potash internally, and as a gargle, under which treatment recovery took place in ten days. The gargle was of the strength of one drachm of the drug to a pint of water. There was a slight inequality in the plate at one point, but it was not corroded. It did not fit as well as they commonly do.

Dr. Buckingham considered this drug of great benefit in the treatment of nursing sore mouth, in large doses, the disease always yielding in the course of a week. He mentioned the case of a lady, who suffered from sore month during lactation and had once had an attack during pregnancy, who was always able to relieve herself in from twenty-four to forty-eight hours by taking ten grains of the chlorate of potash in a tablespoonful of water, once in three hours.

Dr. Lyman thought large doses unnecessary.

Dr. Abbot said they were used by the Frenchman who first recommended this treatment.

Dr. Durkee had read, some years since, in Guy's Hospital Reports, an account of the use of chlorate of potash in syphilis, in the dose he had recommended.

Dr. Lyman thought the disease yielded just as easily in small doses. He considered the credit of its introduction as a remedy in these affections to belong to Hunt, of London. Dr. West, in his treatise on "Diseases of Children," on Hunt's authority, recommends it almost as a specific in small doses.

Dr. Durkee had been unsuccessful in one case.

Dr. Lyman alluded to three or four cases which he had seen, during the past year, of neuralgic pain radiating all over the head and preventing sleep, proceeding from apparently sound teeth, not yielding to the applications of dentists. In each of these cases there was ulceration in the gums about the roots of the teeth, which disappeared, together with the pain, in four or five days, under the use of four or five grains of chlorate of potash three times a day.

Effects of Thoracentesis in preventing Contraction of the Chest in Pleurisy.—Dr. Bowditch exhibited several ambrotypes, showing the difference in the deformity resulting from severe pleurisy in children, when the disease was for the most part left to itself, and when treated by repeated punctures of the pleural cavity. He thinks that thoracentesis tends to prevent the great contraction so commonly a sequel of this disease. The ambrotypes represented two little girls, one 9, the other 5 to 6 years of age. The first child, two years ago, had been ill for some time, and when seen by Dr. Bowditch, an abscess, connected with the pleural cavity, had formed. This was opened with relief, the child's friends, however, declining further treatment. After this, pus was discharged from five different openings on the front and back of the chest. She has now perfectly recovered, but is very much distorted, and with a useless lung on the side which has been diseased, and the probabilities are that she will grow worse and worse for some time to come. The second case occurred in a girl 4 years of age, who was three times in danger of suffocation from the great amount of fluid in the pleural cavity, from which relief was always obtained by tapping.

Finally, a trocar was left permanently just below the left scapula until fluid was no longer discharged, and the result is, that there is no difference between the two sides, save a slight depression at the point of puncture.

Dr. Bowditch said it was the opinion of many physicians that cases of pleurisy would generally be followed by recovery, save when the patient was tuberculous. He did not agree to this, thinking that there are some cases of this disease in which the tendency is not toward recovery, whether the subjects are tuberculous or not.

The President asked if Dr. Bowditch had seen this distortion in adults.

Dr. Bowditch said that it did not occur to so great an extent, but in many cases there was a certain amount. This class of patients would have ceased to grow, so that there would be merely the adhesions for them to contend with.

Bibliographical Notices.

The Institutes of Medicine. By Martyn Paine, M.D., &c., Professor of the Institutes of Medicine in the University of New York. Second Edition. New York: Harper & Brothers. 1858. 8vo. pp. 950.

The Institutes, or in other words, the Philosophy of Medicine, is the subject of this ponderous work, wherein is contained much learning, and many original ideas. It embraces the subjects of physiology, pathology and therapeutics, and an appendix is added, which treats of several topics in a more special manner than the nature of the work allowed in the text; such as the progress of physiological and pathological chemistry, the production of animal sugar, the progress of physiology in certain departments, the action of certain remedies, the influence of the mind upon the action of remedial agents, the question of the supposed change of type in disease of late years, and several others. Lastly, a copious index crowns the whole, and is in itself an epitome of the book, containing an abstract of every subject.

One cannot fail, in reading Dr. Paine's work, to be struck with the immense industry of the author, with his originality and with his consistency; and if we must differ from him in some of his views, we do so with the diffidence due to a learned and conscientious teacher. The leading idea which pervades the portion relating to physiology, is that of the vital principle, as exercising a paramount influence in all the processes and functions of the organism, in contradistinction to the views of those German physiologists, and especially of Liebig, who maintain that the physical forces alone control to a great extent the various actions of the animal structure.

In therapeutics, Dr. Paine is a strong conservative, especially on the subject of blood-letting, which he practises with a freedom that is startling at the present day, when that remedy has so much gone out of fashion. Although his arguments on this point are plausible, we must say that they fail to convince us that the good sense of the profession, in all parts of the world, in moderating the extent to which this method of controlling disease is now limited, is founded in error. At the same time, we freely admit that in this respect there has been

a violent oscillation to an opposite opinion to that which formerly prevailed, and that this valuable remedy is too often neglected in cases where it might be of inestimable service.

The appendix contains many articles of interest, and which may be profitably studied by the student and the practitioner. Our limits will not allow us to examine these, and we can only add that we highly recommend the work as containing much which is learned and valuable, and which will well repay the labor of perusal—a labor enhanced by a certain obscurity of style, and by a controversial spirit which pervades it.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 6, 1858.

THE USES OF PAIN.

Mankind are so accustomed to shrink from pain, and so eager in seizing upon every means to lesson or annul it, that the fact of our having been endowed with it, as with a sense, by a beneficent Creator, and with the kindest intent, does not readily impress us. Yet that this is strictly true, daily observation teaches. Without pain to act as a sentinel, the body would almost momently be injured, perhaps hopelessly so, and Death would revel in such wise as that the race would soon be extinct. This is hardly an exaggerated statement; and a little reflection will enable any one to realize the immense amount of evil which would ensue to us all, were the "sense of pain" abolished.

A very interesting and instructive article, in a late number of the *Quarterly Review*, is transferred to the pages of the *Living Age* of the 24th of April, 1858. It is a *critique* upon "An Essay on the Beneficent Distribution of the Sense of Pain," written by Mr. G. A. Rowell, Honorary Member of the Ashmolean Society, and Assistant Underkeeper of the Ashmolean Museum. Most of the details are familiar to medical men, but any reader will be delighted with the pleasant style of the review, the entertaining illustrations and the facts communicated. It is a paper calculated to do good to the general reader in many ways; and not the least by the noble sentiments with which its last two or three pages teem. We allude to the remarks upon cruelty to animals. Many seem now to believe, as did Malebranche, that dogs, horses and such like animals *do not feel*, and that, therefore, any amount of abuse, by means of kicks, blows, goading and spurring, is admissible. We say many persons *seem* to suppose this, for although they hear a dog howl if kicked, and know that a horse springs forward under the spur, they do not realize, or do not think, how much unnecessary pain is inflicted by them, in their gusts of temper, upon animals almost always innocent of any fault.

To recur to our first topic—the wonderful guardianship over the bodily organs, so kindly established for us through the agency of pain. How few think of the subject in this light. Accustomed, too much, to look upon pain as an unmitigated evil, we are apt to concentrate

our hatred upon it, rather than to recognize its function ; and we strive only to remove *it*, without seeking for its cause. The latter task is, it is true, mainly the province of the followers of the healing art ; yet how much may others learn by properly considering their own sensations.

Pain is an evil, then, but it is also a blessing. It is composite in its essence ; and in this it resembles many medicinal agents, which, whilst effecting a certain good, are exceedingly unpleasant in their action. Of course it would be foolish to term pain a good in itself, and therefore not seek to relieve and remove it. The future Sir Humphrey Davy doubtless changed his opinion very quickly and permanently, under the strong personal application of the argument implied in the story referred to by the *Quarterly Review*, in the opening paragraph of the article we have cited. "Sir Humphrey Davy, when a boy, with the defiant constancy of youth which had as yet suffered nothing, held the opinion that pain was no evil. He was refuted by a crab, who [which ?] bit his toe when he was bathing, and made him roar loud enough to be heard half a mile off. If he had maintained, instead, that pain was a good, his doctrine would have been unimpeachable. Unless the whole constitution of the world were altered, our very existence depends upon our sensibility to suffering." As the reviewer says, "without the warning voice of pain, * * * the crab might have eaten off the future Sir Humphrey's foot while he was swimming, without his entertaining the slightest suspicion of the ravages which were going on." So, he adds, "had he survived the injuries from the crab," he would have been destroyed by continuing the inhalation of carburetted hydrogen, after it had almost caused his death, and yet saved him by inducing *painful* sensations.

The preservation of infancy is alluded to by the reviewer, as often entirely due to physical pain. Of course, in the absence of parents or nurses, thousands of children would perish from mere lack of that experience which suffering gives them by degrees.

Another phase in the "beneficent distribution of pain" is the undoubted total absence of it in what is termed the last struggle. Dissolution is painless ; the agony has been "distributed" over other hours of existence ; the sunsets of life, like those of many a stormy natural day, are placid, most generally. The opinion, however, is still commonly entertained that there must be pain whilst the spirit is leaving the body, because of the occurrence of convulsive movements remarked at such times. The suffering is only apparent, not real. What a consolation to friends is this, and what a source of comfort to all poor mortals, who know that they must pass through the gate of death. Upon this point the reviewer says : "In fact, though disease is often painful, the act of dying is not. Bodily suffering would be no protection then, and, consistently with the invariable method of Providence, we are spared a useless anguish."

Anæsthetic agents, which have been so mercifully revealed to us, and whose discovery is certainly the greatest boon to humanity since that of vaccination, have been questioned in regard to one of their applications, by eminent medical men. We refer to their employment in obstetric cases. There are those who contend that the pains of labor, being, in fact, natural and healthy demonstrations, ought not to be interfered with ; that they have an important part to play—and that they have such uses as ought not, even partially, to be lost to the par-

turient woman. Whilst many decry this view as foolish and unfounded, we confess to seeing much truth in it. There can be no dispute as to the benefit of ether and chloroform in surgical operations, or their application for the relief of any *pathological* condition; but childbirth is not a pathological state, but wholly a natural act. It may well be questioned how far we ought to interfere with what are termed its "pains." Of course, if the woman in labor begins to sink under their mere endurance, or any morbid element mingles with the process, our authority is at once established, to interpose—the state has become pathological. But often, anæsthetics are used in short and easy labors, where the patient would have done as well, or even better, without them. We can refer to several instances in which labor has been undoubtedly retarded by the action of ether on the uterine efforts; and, within a few days, a case has been mentioned to us by a highly intelligent and observing medical friend, where this was distinctly proved. The labor was a first one, and the birth was delayed a long time without any apparent reason. The suspension of the inhalation of ether was advised by the gentleman referred to, and on complying with the suggestion, the uterus *immediately* resumed its efforts, which safely and speedily resulted in the expulsion of the child.

This aspect of the use of pain deserves closer attention, and it may be well to sift obstetric cases more thoroughly; using anæsthesia, only, or chiefly, in such instances as really demand it.

We have already extended our remarks beyond the limits we had assigned to them. Pain, as an evil, has of late been placed more than could ever have been hoped for, under the dominion of scientific medicine. As a good, it still is vouchsafed to us in the shape of a watchful guardian; and it must be ever present on the earth in many forms and with every shade of intensity. It is only in the vision of the Revelation that we read, "and there shall be no more death, neither sorrow, nor crying, *neither shall there be any more pain.*"

OBITUARY—DR. HENRY SARGENT.

Died,—In Worcester, April 27th, Dr. Henry Sargent, aged 36.

Dr. Sargent was born in Leicester, Mass. He graduated at New Haven in 1841, and at the Massachusetts Medical College in 1847. He spent two years abroad in the completion of his studies, and on his return commenced practice at Worcester, where his brother, Dr. Joseph Sargent, had already taken a prominent position. He also visited Europe at two subsequent periods.

The loss of Dr. Sargent, though anticipated for some time past, is keenly felt by a very large circle of friends and by the whole community. Universally beloved, both in the profession and out of it, there was a peculiar charm in his manner that at once attracted toward him all with whom he came in contact, while his blameless life and character soon won their esteem and affection. Though having, from the very commencement of his practice, constantly to contend against ill health, yet he always, and especially in his last tedious illness, exhibited a rare degree of courage and cheerfulness, and had already established a deserved reputation as an able physician and skilful surgeon. He was well known personally to a large portion of the profession in Boston, who all deeply deplore his loss.

Dr. Sargent may perhaps be regarded as another one of the many sacrifices made in the cause of medical science. When a medical stu-

dent, he received a dissecting wound which nearly laid him at death's door. The effects of this had never entirely left his system, and unquestionably hastened his early decease.

DEATH OF M. CHOMEL.

THE last European despatches announce the demise of this distinguished man, for a long period one of the brightest ornaments of the medical profession. There are many of our brethren in this country who remember his pleasant face and kindly bearing, no less distinctly than the surpassing excellence of his clinical instructions and the clear expositions of disease and its management given by him in the well-filled lecture-room. Sixteen years ago, when it was our good fortune to listen to his instructions, and to witness the accuracy of his diagnosis and the judiciousness of his remedial measures, CHOMEL was in his prime. No other *cliniques* were better, if so well, attended as his. He was then attached to *L'Hotel Dieu*, and ample material was constantly afforded for the communication of instruction both at the bedside and in the amphitheatre. Always prompt and punctual at the visiting hour, active in his movements, but bestowing sufficient attention upon every patient, ready to answer questions, and sometimes even inviting conversation, his genial manner, no less than his power of imparting useful information, was eminently calculated to attract students. And another merit was his, not always attaching to hospital medical officers—kindness to his patients—that consideration which can only have its home in a warm and true heart, and which prompts a tenderness toward the sufferer, while it in no wise detracts from the power of investigating the phenomena of disease. Female delicacy was never outraged, nor the flickering life hastened to its extinction, that mere science might be the gainer, in the wards of M. CHOMEL.

The best opportunities for the study of nearly every affection in the medical category, then existed at the immense hospital to which M. CHOMEL was attached. Surgery, also, could there boast in daily attendance, Roux and Blandin, both gone before the subject of this sketch, from the scene of their labors and successes. The course of experimental lectures upon percussion and auscultation, and the accompanying general and special hints upon pulmonary and other diseases under the administration of M. Fauvel, *Chef de Clinique* of M. CHOMEL, were widely appreciated by medical students from abroad, and especially by those from the United States. We look back to them as of very great value; and in this connection we cannot but estimate more highly than ever, the signature of M. CHOMEL to a certificate of a winter's course of attendance in his wards—an autograph doubtless most valuable to us from personal recollections and associations.

M. CHOMEL was not a voluminous writer, but what he has left us in this way is inestimable. The following list of his writings is transcribed from a short sketch of his character and professional course, published some years since in Paris: *Essai sur le Rhumatisme* (the subject of his thesis); *Eléments de Pathologie Générale; De L'Existence des Fièvres; Des Fièvres et des Maladies Pestilentielles; Lecons de Clinique Médicale faites à l'Hotel-Dieu de Paris* (*Fièvre Typhoide*); *Lecons Cliniques sur le Rhumatisme et la Goutte; Lecons Cliniques sur la Pneumonie.* The last but one of these publications was issued by Dr. Requin; being compiled from the lectures of M. CHOMEL.

The largest of CHOMEL's works, and of course that which received the most of his attention, is the "Elements of General Pathology." One edition of this has been published in France since the appearance of the third edition, which was translated in this country in 1848. This work has, we think, been justly regarded one of very great value, both to students and practitioners.

CHOMEL was born at Paris at the beginning of the (great) Revolution. He was, in 1848, Professor of Clinical Medicine to the Faculty of Paris; Consulting Physician to the King; Physician in Ordinary to the Princess Royal; Officer of the Legion of Honor; Honorary Physician of the Hospitals; Member of the Royal Academy of Medicine; and of many other academies and societies, national and foreign.

CHOMEL refused to take the oath of allegiance to the Empire, and consequently he was excluded from the position of Clinical Lecturer at *Hotel Dieu*. He enjoyed, however, to the last of his life, an immense and lucrative practice.

There are many other interesting facts relative to this celebrated man, for which we have not space at present, but which would well repay any one for preparing, and all in the perusal.

Boston Medical Association.—The Annual Meeting of this Association was held on Monday last, Dr. WARREN being in the Chair.

The officers of the preceding year were re-elected, as follows: *Secretary*, Dr. J. B. ALLEY; *Standing Committee*, Drs. SHURTLEFF, BUCK, DURKEE, DALE and WARREN.

An amendment to the By-laws was adopted, to the effect that new members should no longer be required to issue circulars announcing that they had joined the Association, but that their names should be published, by the Secretary, in the Boston Medical and Surgical Journal.

The Standing Committee, to whom were referred certain resolutions of Dr. BOWDITCH, reported through their chairman, Dr. SHURTLEFF, that no alteration ought to be made in the fee table, and that Dr. Bowditch's resolutions ought to be adopted, excepting the one requiring bills to be presented quarterly. The resolutions recommended are to the effect that a more rigid observance of the nineteenth by-law is desirable, and that in cases of consultation and of special treatment, bills should be presented immediately after such consultation, or treatment. The report of the Committee was adopted.

On motion of Dr. WILLIAMS, it was voted that the Standing Committee have power to appoint delegates to medical or scientific conventions.

Boston Medical Association.—The names of the following gentlemen, who have joined the Association during the past year, are published, in accordance with the By-Laws:—Henry K. Oliver, Benj. Campbell, Samuel Green, George S. Hyde.

J. B. ALLEY, *Secretary.*

Boston, May 3d, 1858.

Deaths in Boston for the week ending Saturday noon, May 1st, 66. Males, 36—Females, 30.—Accident, 1—inflammation of the bowels, 3—inflammation of the brain, 2—congestion of the brain, 2—cancer, 2—consumption, 12—convulsions, 5—croup, 2—cachexia, 1—dropsy, 3—debility, 1—infantile diseases, 6—puerperal, 1—erysipelas, 2—scarlet fever, 2—typhoid fever, 1—disease of the heart, 1—inflammation of the lungs, 5—congestion of the lungs, 1—disease of the liver, 1—measles, 3—old age, 1—palsy, 1—tumor in uterus, 1—unknown, 1—whooping cough, 4—worms, 1.

Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 14—between 40 and 60 years, 9—above 60 years, 8. Born in the United States, 53—Ireland, 9—other places, 4.

Swallowing Artificial Teeth.—Scarcely a month passes in which we do not hear of some one swallowing artificial teeth, and that serious consequences have not more frequently resulted from it is really wonderful. A medical gentleman of Baltimore called on the senior editor a short time since, in a state of great alarm from having swallowed, an hour or two before, a gold plate, extending from the first molar on one side to the second bicuspid of the superior maxillary on the other, with three artificial teeth, two bicuspids and a lateral incisor, and a clasp at each extremity. His first impulse after the occurrence of the accident, was to call on one of his medical friends, who regarding the case as one of dentistry, and as not coming strictly within his province, advised him to consult the senior editor. Although the teeth and plate were now beyond the reach of the dentist, he nevertheless expressed the belief that inasmuch as they had made their way through the œsophagus into the stomach without much difficulty, they would traverse the remaining portion of the alimentary canal, and escape from the anus without injury, which they did in seventy-two hours from the time they were swallowed.

A similar accident occurred in Cincinnati, Ohio, about four years ago, and more recently another in London. We have also heard of several other accidents of the same kind, and it is stated in a late number of the *Boston Traveller*, that Mr. Bartlett, of Swampscott, Mass., swallowed, while asleep, a gold plate with six artificial teeth attached, which, lodging in the upper part of the œsophagus, came very near causing his death, but fortunately he was relieved the next day, by the removal of the piece by Dr. Peirson of Salem.

The only fatal result from an accident of this kind of which we recollect to have ever heard, occurred some months ago at the Bellevue Hospital, in New York. The subject, Mr. McDougall, having swallowed a gold plate with two artificial teeth attached, they lodged in the œsophagus about two inches above the cardiac orifice of the stomach, as was, after his death, ascertained by *post mortem* examination of the body. They produced ulceration at the point where they had lodged, which extended through into the pericardium, and ultimately caused the death of the patient.

Dentists applying artificial teeth which are not securely attached by clasps to remaining natural teeth, should impress upon their patients the importance of removing them from the mouth at night before going to bed, and indeed this should always be done.—*Am. Journal of Dental Science.*

Case of Extra Fingers and Toes.—Mrs. W——, aged 38 years, the mother of several children, was delivered on the 14th January, 1853, of a female child having six fingers on each hand, and the same number of toes on each foot. The extra fingers were pendulous, being attached on the ulnar side of the hand, opposite the metacarpo-phalangeal articulation of the little finger, by a sort of pedicle composed of integument, bloodvessels, &c. The extra toes have the same direction as the others; but as there is no metatarsal bone, they are articulated with the little toes. As the supernumerary fingers would have been both inconvenient and unsightly, I passed a ligature round the pedicle of each and removed them with the scissors.

In February, 1855, Mrs. W—— was delivered of a male child, about which there was nothing remarkable. On the 23d July, 1857, Mrs. W—— was delivered of another female child having the extra fingers, as in the case first mentioned, but having the proper number of toes. I amputated these fingers also. Both children are now living. The fingers I still have in my possession.—Dr. Wm. Gutch, in the *Iowa Medical Journal.*

An Official Nosology.—An amusing article in a contemporary, upon the "Curiosities of Registration," enumerates an amusing series of assigned causes of death, in which the most startling effect is produced by the orthographical transformation of known diseases. Perhaps few of our readers would at once recognize any old familiar foe in the strange complaints thus chronicled:—"Imperfect closure of the foreman;" "Turner on the right arm;" "Disease of the lever;" "Hanged himself in a fit of temperate insanity from excessive drinking." Many of these singular errors probably owe their birth to the peculiarly illegible hand in which medical men are wont to fill in certificates of death, no less than to the ignorance of the registrars.—*London Lancet.*

THE

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EVIDENCE AFFORDED BY THE MICROSCOPE IN A CASE OF RAPE.

BY A. F. SAWYER, M.D., SAN FRANCISCO, CAL.

[Communicated for the Boston Medical and Surgical Journal.]

LAST November, I was called to see a child of Mr. H., a little girl about 5 years of age, on account of suspected violence against her person. After the occurrence, the child came into the house looking very pallid, and complained to her mother of being sick, whilst her clothing was observed to be disordered and stained with blood.

On examination, the inside of the thighs, and the legs of the drawers, were found to be much marked with blood, and evidently some attempt had been made to remove the blood on the thighs by wiping. The external parts of the child were bruised and tumefied. The hymen had lost its natural pale color, and appeared highly congested. Its aperture was about the size of a crow-quill. There was no appearance of laceration in it, or in the surrounding textures. There was also a constant dribbling of urine during our examination.

All her clothing, consisting of Canton flannel drawers, a faded yellow petticoat, and a light outside frock, I caused to be sent to my office. I transferred, also, the little particles of dirt, noticed about her privates, especially in the folds of the integument, to a piece of fresh white paper, and afterward sponged them with a clean rag, and removed the piece of the sheet which had been moistened by the escape of the urine; all of which I preserved for future inquiry. I then visited the privy, where it was supposed the outrage had been committed. There was about half an ounce of fluid blood on the stool of the privy, and on the floor was a piece of newspaper smeared with blood, which had evidently been used for the purpose of wiping.

My attention was afterward directed to an examination of the party suspected of the crime, and who had been arrested in the afternoon of the same day. He wore, at the time of his arrest, an outer red flannel shirt, considerably soiled, covering a bluish-

grey woollen shirt, which exhibited three or four small stains in front resembling blood; and a pair of drab-colored woollen pants with two or three small suspicious-looking spots along the opening in front. His clothing was also sent to my office for subsequent examination.

From the considerable amount of hæmorrhage that had been noticed at the privy, and from the absence of distinct laceration of the hymen of the child, I thought it quite probable that the external parts of the accused would exhibit tearing—perhaps of the frænum—to account for the large amount of blood lost; and which, had it existed, would have supplied important evidence of his guilt. This was not the case, however. His yard was perfectly clean, without trace of blood, and bearing no marks of laceration or other injury.

By a microscopical examination of the spots on his clothing already referred to, those on the red shirt, more marked about the wrists, were found to have been caused by blood, as also the smaller stains on the grey shirt; and blood globules were distinctly visible in the field of the microscope, where a selection had been made from one of the stains of the pants that bore indications of attempts having been made to remove it by scraping or otherwise.

On examination of the piece of sheet which the child had wet, an abundance of blood globules was found, mixed with the cell-growth characteristic of semen. The rag used to bathe the privates of the child exhibited the same appearances. The most important proofs were, however, detected in the microscopical examination of the particles of dirt that had been transferred to the piece of paper. In this was found, besides an abundance of blood globules and sperm cells, *fibres of wool mixed together, of distinct color, some of them being of a bright red, and others of a dirty indigo color, corresponding exactly with the wool fibres of the two shirts which the accused party wore at the time of his arrest.* The contrast of the colors was more marked with the reflected light of a candle, although perfectly distinct when observed by sunlight. After repeating these examinations, to remove every source of fallacy, the flannel petticoat of the child was examined, and its fibres preserved the characteristic color of the texture—a light yellow. This garment had lost its brightness of color by use.

The presence of sperm cells about the person of the child, clearly illustrated the cause of her injuries, and the detection of the wool-fibres from the same source was sufficient evidence to connect the party arrested with the commission of the crime. If the red fibres, or the indigo-colored fibres alone had been discovered, there might have been a wide margin for doubt; but the complete identification of the texture of both shirts afforded the strongest presumptive proof of the guilt of the prisoner, especially when taken in connection with the stains of blood detected on his clothing.

The large amount of blood which the child lost, without any ap-

parent laceration of the genital apparatus, is remarkable. It is clear to our mind that it came principally from the hymen by the force of pressure, and most probably as a hæmorrhagic exudation similar to what is known to occur with other textures of the human body. It is to be borne in mind that the child was found in a weak and fainting condition. Notwithstanding the external bruises, sufficient force had been applied to create incontinence of urine. We had, also, the presence of blood globules in the urine which washed her parts as it escaped from her, and an examination of the urethra by a probe failed to detect any injury to this canal. The insides of the thighs were stained with blood, and apart from the known vascularity of the hymen it was in a highly congested state at the period of our examination. There is no doubt that the hæmorrhage came from the child; and if from the child, in all probability from the hymen.

Otherwise, the principal testimony in the case rested with the child, and although given by a person of an age that would scarcely warrant its credibility, seems to be entitled to some authority from its consistency. Besides conducting the police to the privy where the outrage was perpetrated, she selected the prisoner, after his arrest, as the guilty party, from a number of others who had purposely dressed themselves similarly to deceive her; and the same identification took place in the court room during the trial, when the prisoner was presented in citizen's dress.

The remaining testimony was but meagre. For some days previously the prisoner had been observed playing with the child, who had received from him little presents of fruits, &c. No evidence existed to show that the prisoner had been seen in company with the child on the day this attempt at rape had been committed.

The defence asserted an alibi, which could not be sustained, and the jury found a verdict of guilty without leaving their seats.

CONSULTATION WITH HOMŒOPATHISTS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I have hesitated as to offering you any remarks on the paper in your Journal of the 29th ult., signed "Junior." I am averse to controversy, but I am encouraged by the tone of your correspondent. I have not any suspicion who he is, but think it probable that he is some one whom I know and respect. He is evidently a gentleman in his heart and soul, not merely in his dress and manners. He differs from me in opinion on the subject of consultation with homœopathists. I will make one more effort to make my opinions appear to be correct to him and to you.

I understand him to say that he would not condemn any one, and accordingly not a homœopathist, on account of a difference

from himself in opinions only. Let us keep this in view while discussing the question of consultation. I agree that in certain cases I would not consult with a homœopathist, but I say that there is a case, a rare case, in which I have consulted with such an one, and am ready to do it again.

Homœopathist is the name given to the followers, or disciples of Hahnemann; those who believe in the doctrine of *similia similibus*, and in the use of medicinal remedies in infinitesimal doses. Of these disciples, some, as I understand it, are strict in their adherence to the doctrines of their master; and others, who may be called the liberal party, depart more or less from the rules of Hahnemann. All these agree, I believe, in calling other physicians allopathists. We refuse that name for our party, and some of us assume the name of regular physicians. For shortness I will denominate those of our party the *regulars*. We object to the principles advanced by Hahnemann; we say that they are absurd; and we deny that they were deduced from faithful and careful observation. To give no other reason, we may say that Hahnemann brought forward, as the result of his experience, more propositions, respecting the effects of numerous medicinal substances, than could have been ascertained by a hundred men by the labors of their whole lives. We therefore disbelieve in what Hahnemann calls his experience. So far as "Junior" and I have to do with the subject, in reference to the point on which we differ, I may venture to say that the homœopathic doctrines are absurd. Neither you, Messrs. Editors, nor "Junior," will dispute this.

Now, I ask if these absurd doctrines necessarily imply dishonesty, or ignorance in those who maintain them? "Junior," if I understand him, objects to a consultation with homœopathists on the ground that they are ignorant, or dishonest, or both. I think that he will not say that the doctrines, or principles which they maintain prove them so. If he thinks them so, it must, I think, be on the ground of observation; that is, that he has found them so. Yet I can hardly think that he could trust so much to his experience in this matter, as to adopt the universal proposition that all homœopathists are ignorant, or dishonest, or both. Though I venture to write about the persons of this sect, I cannot call to mind more than ten to whom I have ever spoken a word, and I do not know enough of all these to pass judgment upon them; but I do know three, as to whom no one, who is acquainted with them, will hesitate to say that they are honest, decidedly honest. I will not say that any of those ten, whom I know, is particularly learned or scientific; but they are not all to be called ignorant, nor do I know that any one of them may be so called. And observe, that we might find out some among the regulars who are deficient in honesty, or learning, or both; yet I doubt if any of their brethren have ever refused to meet such in consultation. Unless it is maintained that a homœopathist is necessarily, in consequence of

his sectarian tenets, dishonest, or ignorant, I think that a refusal to consult with him on this ground cannot be maintained. Further, as to the matter of ignorance, let it be noted that I said in my first communication for your JOURNAL, that there were certain conditions, on which I deemed it right to consult with a homœopathist. One of these conditions was, that, if living in this Commonwealth, he should be a Fellow of the Massachusetts Medical Society. Now it is known that every Fellow of that Society has received a certificate from some competent body that he has been so educated as to be qualified for the practice of medicine. That would seem to be a sufficient guarantee that he should not be disowned by his brethren on account of ignorance.

It is further objected to the homœopathists by "Junior," that they hoist a flag of their own, and declare themselves a distinct party in opposition to the regulars. Admit this; but remember that the language is figurative. When we say that they hoist a flag different from ours, we mean only that they avow opinions different from ours. But "Junior" does not argue that they should be condemned for their opinions. Will he say that they display their flag ostentatiously and assume a hostile attitude? This may be true as to some of them, but it does not follow that they all do it. I know that some of them do not do so; that they conduct themselves modestly, and like gentlemen. They simply avow their opinions when there is occasion for it. Is this wrong? What should they do? Should they keep their opinions secret, and practise upon them without avowing them? Surely this would not be regarded as an honest and honorable mode of conduct. Yet "Junior" says that in raising a peculiar flag, "he openly arrays himself in opposition to the regular profession. He claims to know more than they do." But, note what I have said above. Raising a peculiar flag, is, in plain language, declaring his opinions, although in so doing he differs from the majority of his brethren. Now, it has been said that he is not to be cast out from his brethren merely on account of his opinions. There may be cases in which I think it proper to take away blood, or to administer an emetic, or a cathartic, but in which many of my brethren think that brandy and opium should be prescribed; I am, then, an avowed antagonist to certain of my brethren; must we, therefore, refuse to meet each other in consultation? We may prefer to avoid meeting under such circumstances, but it would seem to me wrong for us to refuse to meet each other at all.

It is further objected to the homœopathists that they "condemn and deride" the regulars. Are the regulars more tender to them? Do they hesitate to condemn them in every form and manner?

I think, Messrs. Editors, that I cannot be understood as defending the doctrines of the homœopathists, or as justifying the conduct pursued by some of them. I maintain only that they are not to be condemned for their opinions, and that we are right to consult

with those, who behave like gentlemen, when we believe that we can serve the cause of humanity by so doing.

I believe that I have said enough; but there is an idea lying at the bottom of all "Junior's" views of the matter in question, that I ought perhaps to bring into view, so as to reply to it more distinctly than I have done. This is, that the homœopathists have assumed a hostile attitude toward the regulars, and that therefore we ought to consider them as enemies. I cannot agree to this. First, I do not think that we should regard all of them as entertaining hostile feelings, because some of them do so. It may be true that some of them have these feelings, but I am sure that all of them have not. We are not to presume that they have such feelings from anything contained in their creed. Secondly, if they do, all of them, entertain such feelings, we should be slow to follow their example. I am not absolutely a non-combatant; I would fight for my house and for my rights; but I love peace. I would not, then, quarrel with others for the feelings which are attributed to them. I would wait till the feelings were manifested by overt acts, and then I would inquire whether these were the acts of individuals, on their own account, or whether they were appointed by the whole sect to act for them. It is an inferior consideration, but I might say that it is bad policy to go to war with a sect. But the better consideration is that we should, if possible, live peaceably with all men. Keep cool and let reason have a fair chance, and truth will prevail. If all of *us* will do this, homœopathy will die out in another generation. SENEX.

May 6th, 1858.

P. S.—There is one point in "Junior's" paper, to which I have not directly adverted. He thinks that a consultation by a regular with an irregular practitioner may be regarded by the public as a capitulation on the part of the former to the latter. Now I do not regard a Fellow of the Massachusetts Medical Society as an irregular practitioner, because he is a homœopathist. But, setting that aside, it is obvious that this objection is founded on the idea of a hostility between the parties; a state in which I think they ought not to be. I will add that I wish to pay a proper respect to public opinion at all times; but it would be more than a *proper* respect to omit to do, what I have long regarded as right, in deference to that opinion. However, I do not apprehend that with the enlightened portion of the community the measure would be considered improper.

OBITUARY.

[Communicated for the Boston Medical and Surgical Journal.]

DIED, at his residence, Montpelier, Vt., March 15th, 1858, JAMES SPALDING, M.D.

Dr. Spalding was born in Sharon, in this State, March 20th, 1792.

His father, Deacon Reuben Spalding, was one of the early settlers in the State, whose life was not more remarkable for his toils, privation and energy, as a pioneer, in a new country, than for his unbending integrity and for the best qualities of the old New-England Puritanism. James was the third son of twelve children, all of whom reached maturity and were settled in life with families. At the age of 7 years he received a small wound in the knee-joint, which was succeeded by an acute inflammation and suppuration, confining him for more than six months, and attended with extreme suffering. During this sickness, Dr. Nathan Smith, of Hanover, was called; the knee had been opened at several different points, but still there was no improvement. This eminent surgeon discovered matter deeply seated in the ham, and made a free incision, after which the limb healed, leaving the knee partially anchylosed, to recover from which required years.

It was while confined that he entertained the idea of becoming a physician and surgeon, probably in consequence of his high estimation of Dr. Smith, which was retained through life. Hence he received from his companions the title of Doctor, and retained it, until by his scientific and literary attainments he became justly entitled to it. His early advantages were limited, having never attended a high school or academy, but still his love of study enabled him to obtain a good common school education, besides storing his mind with much general knowledge. Alone and without instruction, he had acquired that mental discipline which so highly distinguished him in after life. He commenced his medical studies at the age of 17, with Dr. Eber Carpenter, of Alstead, N. H., stipulating that the expenses of his education should be defrayed by his practising one year with the doctor after he had graduated. He applied himself with uncommon assiduity to his medical studies, taking, at the same time, private lessons in Greek and Latin. At the age of 20 he graduated at the Dartmouth Medical Institution, having heard the lectures from those celebrated teachers, Smith and Perkins.

It may not be improper to remark, that while a student his opportunities for practice were very extensive. It was then that the *spotted fever* prevailed so generally throughout New England. This epidemic was truly appalling in Alstead and the neighboring towns. Dr. S. had an opportunity of studying the disease under all its varied aspects, and brought his discriminating mind to the subject, with all the candor and close observation of a veteran in the science, and arrived at the same conclusions as to its pathology and treatment as others who had the best opportunities for observation and stood the most eminent in the profession. His position was very embarrassing, being called the boy physician, having to meet men renowned in the profession, for whom he entertained an exalted opinion. Modesty would hardly permit him to differ from

them, yet he had so carefully studied this epidemic that in most cases his views and treatment were adopted.

After practising two years in Alstead with Dr. Carpenter, he commenced business in Claremont, but having friends in Montpelier, he was induced by their urgent solicitation to remove to that place. Though but a boy, he had seen much practice, and performed many surgical operations, and therefore it required but a short time for him to gain general confidence as a physician, and more especially as a surgeon, which he retained without abatement through life. His fixed purpose seemed to be improvement in his profession, having never engaged in any other business or sought any political preferment. Others may have done more, under other circumstances, yet by his example, integrity, industry, communications for the medical journals, and dissertations before the county and State medical societies, from time to time, it may with propriety be said he added something to the general stock of knowledge in his profession. As a surgeon, Dr. S. was successful above most others. The distinguishing trait of his mind was a sound judgment, based upon a careful and discriminating examination of all the evidence which gave to each individual case its peculiar characteristic. Being well informed in the books and the general principles of his profession, and having an extensive intercourse with his medical brethren, he was well prepared to impart to others the results of his extensive experience. With propriety it may be said he was an original thinker, as was not only manifested in his medical and surgical practice, but in other departments of science. Few men had occasion to change their opinions, when formed, so seldom as Dr. Spalding. Others might come to conclusions more readily, but, when his opinions were formed, the evidence upon which they were based was in his own mind; and for this reason he was much sought for in consultations. It was a maxim with him, that there should be no guess work in his profession, and more especially in surgery. In consultations, due respect was paid to the opinions of his professional brethren, but still he would suffer his judgment to be influenced only as the evidence in the case affected his own mind, never evading responsibility and always governed by his own independent conclusions.

Dr. S. retained through life the confidence and respect of his professional brethren. From his commencement in practice until his death, he was much engaged in consultations. Though often differing from others, in his diagnosis and treatment of disease, yet he succeeded in leaving the confidence of patient and friends in the attending physician unabated, thus discharging his duty to his patients without injury to the feelings or reputation of any one. It was the settled maxim of his life that strict integrity was the true and only policy which should govern every man who desires his own interest or that of others, and therefore he never sought to appropriate to himself what justly belonged to them.

For more than forty years he was an active member of the Vermont State Medical Society, and through it he labored to advance the best interests of the profession he so much loved. He thus became acquainted with most of the distinguished physicians of the State, among whom he had many personal friends. In 1819 he was elected Secretary, which office he held for over twenty years. In 1842 he was appointed chairman of a committee to draft a petition to the Legislature for a geological survey of the State. He was elected Vice President in 1843, Treasurer in 1844, Chairman of the Committee on the History of the Society in 1845. He read a thesis in 1846, "On Nature as manifested in Disease and Health," which was very highly commended. He was elected President in 1846, 7 and 8, and delivered a dissertation on Typhus Fever in 1848, which was published by vote of the Society. He was elected Corresponding Secretary in 1850, and Librarian in 1854, which office he held until his death. He was also a member of the Board of Fellows of the Vermont Academy of Medicine, besides holding many offices in the State connected with science, literature, temperance, &c. But few men in the country have seen such an amount of disease and so carefully observed the peculiarities of the various epidemics occurring for nearly half a century, and it is to be regretted that so little is left on record of his extensive observations and experience, both as a physician and surgeon.

Not only as a professional man would we lament our departed friend, but as a Christian, father, citizen and philanthropist would we remember him. His life was that of the Good Samaritan, a life of toil, prayer and sympathy for others. His principles were deeply rooted in the heart, and his faith manifested by his works. We love to contemplate his character, and hope his mantle will fall on many who will as faithfully devote their lives to the best interests of their fellow beings, and as highly honor their adopted profession. P.

Haverhill, N. H., April 15th, 1858.

Died, at the Massachusetts General Hospital, April 26th, 1858, Edward Hooker.

The subject of this notice was born at South Hadley in 1835. After the usual preparatory schooling, he entered Williams College, from which he graduated in 1855. He then became a student of medicine, under the instruction of his uncle, Dr. Anson Hooker, of East Cambridge. He attended two courses of lectures at the Massachusetts Medical College, and in the spring of 1857 was a successful applicant for the place of house-pupil in the medical department of the Hospital. Entering upon his duties there on the 1st of May, he continued to perform them with zeal and ability until a fortnight before the close of the year, when he was

prostrated by the disease whose rapid and unrelenting course cut short his life.

For several weeks previous to his attack, Mr. Hooker was not perfectly well. He suffered from general debility and lassitude to such an extent that his friends advised him to give up his work to a substitute. This, however, he was naturally unwilling to do. Only a few weeks remained to his term of duty. Weary as he was, he could manage to sustain the labor and confinement till the 1st of May, and not leave his year's work incomplete. His associates, too, in whose company he had passed the year, would then be released; and it would be pleasanter for all to leave together. Then he could rest and regain his accustomed vigor. Actuated by this laudable ambition to finish what he had already carried so far, he resolved to continue at his work. This, however, he was not long permitted to do. Disease soon laid upon him a hand so heavy that he could no longer resist. On Friday evening, April 16th, he had the usual symptoms of a commencing fever; and on Saturday he was decidedly sick. He very early expressed a belief that his disease was typhus, and his opinion was sadly confirmed. The progress of the disease was rapid, and the aspect of the case grave from the first. The characteristic eruption of typhus was largely manifested. The cerebral symptoms were early and severe. During the latter half of his illness delirium was almost constant—for a short time violent, but soon becoming low and restless. He took nourishment and stimulants freely, but without apparent effect on the march of the disease. He died on Monday night or Tuesday morning, ten days after the commencement of the fever.

Thus abruptly ended a life full of hope and promise. Again is brought before us the sad lesson of the uncertainty of life—a lesson so often taught, yet so seldom learned; so familiar, and yet so awful. It is useless to speculate upon what might have been our friend's career, had he been allowed to remain with us. We know, however, that he had already shown qualities of mind and heart which won the respect of all who knew him. As a zealous student and a close observer, with means to command the best opportunities for medical study, and a mind prepared by previous training to improve them, and as a gentleman in his habits and manners, his prospects of professional usefulness and reputation were certainly good. But these prospects, with the hopes of loving friends, are forever blighted. Let us, however, in the midst of our regrets, find comfort in the thought that his end was good and honorable. Death found him at his post. Had his duties been less faithfully performed, he might still have been alive. To die with the harness on, has been the prayer of the best and greatest men. And so long as men retain their appreciation of what is good and noble, it will be accounted sweet to die in the discharge of duty.

In his intercourse with the patients and nurses of the Hospital, Mr. Hooker gained general respect and esteem. Throughout the house there were frequent and anxious inquiries for him, and expressions of the warmest sympathy and regard. One of his nurses attended him with untiring devotion, doing all that constant care could do to save his life and promote his comfort.

To the three colleagues, with whom he had been so intimately associated, his death is a sad infliction. Each day they are painfully reminded that their friend and fellow student, with whom they so long shared both their labors and their recreations, is taken away forever. Their memories of the past year must ever be full of sadness.

His mother arrived at his bedside a few hours before he died. Though extremely feeble, it is thought he recognized her. None but the widowed mother, who has lost her only son, can tell the force of such a blow. May she receive higher consolations than man can offer!

R.

Correspondence.

THE PROFESSION IN NEW YORK—IMPRESSIONS OF A VISITOR.

[Communicated for the Boston Medical and Surgical Journal.]

THE high reputation the great and growing city of New York has so long held for its *commercial* character and advantages, for a time made our countrymen overlook its prominent facilities for the culture of the *arts and sciences*. It has seemed to be felt that the spirit of trade and traffic in the grosser materials of life was obnoxious to the patient, quiet, mental operations of the student of higher pursuits, and that the locality that had the advantages of the one could not foster the other. It has, consequently, been comparatively recently that New York has attained the relatively high position for *medical pursuits and instruction* it so justly merits.

The immense population of New York, its adjacent cities and tributary country, have furnished a practice and other professional prizes that have attracted a great amount of the best medical and surgical talent of the country, and now and then a brilliant gem from across the Atlantic. Amidst such men, facilities and inducements, it is not remarkable that an ambitious competition should have arisen, not only among the men and institutions of this, but between this and neighboring cities of less natural advantages, the result of which has been the development of the highest order of professional talents and acquisitions, and great perfection of its institutions.

Although this and the adjoining cities have doubled their population within a very few years, the medical men and institutions seem to have kept pace with the physical developments. The im-

mense army of *paupers* (sent, many of them, here, it is supposed, to rid their own country of their burden), which are provided for with paternal care and liberality, furnish an inexhaustible amount of clinical instruction and an abundant material for practical anatomy; advantages that can have no substitute, and of which no other city, this side of the Atlantic, can boast to nearly the same extent.

Another consideration that attracts the attention and admiration of the visitor, and that contributes not a little to the advancement of the profession in this *republican city*, is the *democratic* manner in which all places of honor and profit are distributed. No hereditary rights are here recognized; no man or clique has control of professional favors, but they are awarded to merit and capacity. No individual is too humble in condition to aspire to the highest prize, or to win it, provided God has given him the prerequisites for the *contest and the place*. The highest and lowest must run the race together, and the best mettle wins. The successful candidate generally carries with him the *credentials and guarantee* of his fitness from the hand of his benefactor.

It is also a pleasing spectacle to witness the professional generosity of each man toward his competitor. He acknowledges his merits or achievements. But the seeds of this virtue, I have suspected, might have come down from their predecessors, as they have an eminent example still lingering in their midst, who is perhaps the best living representative of the highest attributes of the profession—Dr. Francis. Dr. F. has lived to the age of 80, or more (I think), in the most zealous devotion to the profession, which he still practises and regards with a religious love and veneration, retaining a mental and bodily vigor of a much earlier manhood. He is generally present at the meetings of the Academy of Medicine and other important professional occasions, where he is heard as an oracle. The vast amount of wisdom and knowledge acquired, by a long life of industry and careful observation, his intimate acquaintance with the past and present literature of the profession, his fresh recollection of the distinguished men and historical events relating to the profession for the last fifty years, both in this country and the old, where he sought instruction in his younger days, have furnished him with resources from which, with taste and discrimination, on all occasions he draws "at sight," spices his subject with wit and humor, and delivers it with an eloquence and youthful vivacity that never fails of success with his auditors.

Dr. Mott, although hale and vigorous for a man of his age, with an unabated interest and love for the profession, has been admonished to withdraw from its more laborious duties. As Emeritus Professor of Surgery in the University, he lectures two or three times a week upon select surgical subjects, and is much consulted by his professional brethren and by patients (often from abroad), who

seek his advice. Apparently satisfied with his successful career, and with his many brilliant achievements in modern surgery, his way will be soothed to retirement and to the end by the contemplation of a pleasing retrospect.

Dr. STEVENS, so long the distinguished professor of Surgery, and of late Emeritus Professor and President of the College of Physicians and Surgeons, now mostly retired from active duties, occasionally appears among his brethren to testify to the benefits and blessings of the profession, and exhort the younger members to diligence and faithfulness. The admonitions of such men, grown old, good and great in the profession, uttered while retiring from all worldly ambition, and adjusting their mantles for a higher life, come to us with a sanctity that makes us feel that the profession affords facilities for moral no less than intellectual culture.

College of Physicians and Surgeons.—It must have been a nice discrimination that filled the different professorships of this institution. You would not often find the man that would venture to suggest an improvement. Such a condition of things is not often to be met with. Prof. PARKER, of the chair of surgery, although in the prime of life, has been Professor of Anatomy or Surgery for some thirty years, ever since he graduated, and, for the last sixteen or eighteen years, of surgery in this institution. If not born a surgeon and lecturer, Nature certainly endowed him with the choicest elements for success in this high pursuit. No man of the profession in this country probably occupies a more enviable position, or has a more desirable and extensive surgical practice. He is a man of great modesty and professional generosity. His intimate acquaintance with his subject, faith and interest in its truths, fine voice and presence, and lively imagination, constitute him an eloquent and impressive lecturer. Prof. WATTS, of General and Surgical Anatomy, probably has no superior. It is worth a journey to New York to hear his course on surgical anatomy. The most complicated and obscure regions are made all daylight. I should have great confidence in him, as an operator.

Probably a more full and perfect course of instruction in Physiology is here given than in any other institution in this country. Prof. DALTON devotes his whole course to this interesting branch. He demonstrates the structure and changes of such tissues as are necessary to his subject by microscopical illustrations, and illustrates questionable positions by vivisections on the lower animals. Prof. D. is master of his subject, a fine speaker, and makes his hearers feel most forcibly the intimate and important relations of physiology to every other branch of medicine. Prof. D. is a young man; but if a good beginning, capacity, industry and high opportunities are any guarantee, it requires not a prophetic vision to see before him a brilliant future.

Prof. CLARK, of Theory and Practice, is considered by the profession as a profound physician, and is a very forcible and pleasing

lecturer. As a councillor in cases of difficult diagnosis and management he is regarded as the end of the law. Prof. C. advocates, and has introduced into practice, to some extent, the administration of opium to intense narcotism, in peritonitis and other forms of inflammation; in severe cases nearly or quite suspending the animal functions, and depressing the system as far as is compatible with life. The subject is eliciting considerable interest and discussion, has found some strong and able advocates, and is now before the Academy of Medicine. Dr. C. maintains the affirmative. I have long been of the opinion that our therapeutic agents have been directed too exclusively to the vascular system, instead of the nervous, in acute inflammation. The nervous, doubtless, has the earliest and most efficient agency in inducing and perpetuating inflammation; if so, is it not a legitimate conclusion that in its treatment we should direct our first and special attention to this system? If this be so, the abnormal condition of the vascular system becomes, both in pathology and treatment, a secondary consideration; a view that would save us from that excessive depletion and consequent suffering which has been so long practised, and often with very unsatisfactory results, as relates to both the primitive disease and the sequel. I presume no therapeutical agent has undergone a greater change in the estimation of the profession during the last twenty-five years, than *opium*, and particularly its efficacy in controlling inflammation, and in preventing or controlling the constitutional and local effects of traumatic injuries. Formerly, this remedy was regarded as incompatible, or contra-indicated, from apprehensions of its stimulating effects when there was febrile or inflammatory action to any considerable degree; and when prescribed, it was more with reference to its palliative than its curative power. More recently it has become our great reliance in many of the most severe forms of inflammation, particularly of the serous and fibrous tissues, but no one, I think, has before ventured to prescribe it to the extent advised by Prof. Clark, or to the extent necessary to procure its greatest benefits. In Vol. XLV., page 532, of your JOURNAL, is an article I had occasion to send your predecessor in January, 1852, with reference to this subject.

But to return from my digression. Profs. SMITH and GILMAN, so long distinguished for their high attainments, are still professors in the College of Physicians and Surgeons, and are among the men that grow brighter and better with age. Everybody says Prof. St. JOHN is a learned chemist and a pleasing lecturer.

The Medical University.—No man is more highly esteemed as a surgeon, and for his pre-eminent moral qualities, than Prof. POST. Profs. PAINE, DRAPER, METCALF, and BEDFORD, are still holding their reputations and positions in this institution, and as practitioners in their several departments. Prof. VAN BUREN, although a young man, has distinguished himself by his achievements in sur-

gery. These constitute an able and energetic faculty, which draws together a large class from year to year.

New York Medical College.—This is a young institution, but is making its way into the ranks of the older colleges of the country. Our Prof. PEASLEE, of this school, is considered a man of high attainments, and is much respected by the profession; as an evidence of which, although comparatively a stranger, he was recently elected President of the Pathological Society, a body comprising a large portion of the *cream* of the profession of the city, without distinction of party or institutions. This Society, by the way, must be eminently calculated to advance the interests of the profession, not only by harmonizing all its different elements, but by bringing before its members the most efficient means of instruction. It meets once in two weeks, when from ten to twenty morbid specimens, or as many as present themselves to the members during the interval, are presented to the Society by members who are prepared to give a minute and scientific history and treatment of the case, and what is known of its pathology. When a question arises pertaining to the pathology or treatment of any specimen, it elicits an animated and instructive discussion.

Dr. BARKER, of this College, Prof. of Obstetrics and Diseases of Women, a native, I think, of Maine, and once professor at Brunswick, is gaining a high reputation as a lecturer and practitioner, and particularly as a clinical lecturer at the College and Bellevue Hospital. Prof. GREEN is still zealously advocating his peculiar views of the pathology and treatment of diseases of the throat and air passages, and in his extensive practice has unlimited opportunities of demonstrating the truth of his positions; yet, strange to say, there are physicians of intelligence in the city of New York who question the practicability of topical applications to the laryngeal cavity. But it appears to me that there is now too much testimony upon this question to leave it longer doubtful, and when we consider the salutary influence of topical applications, and particularly of nitrate of silver, to diseased mucous surfaces, and our inability to influence certain morbid conditions of this tissue below the epiglottis by other therapeutical means, the views of Dr. Green become of too much practical importance to be wilfully resisted or heedlessly neglected. Perhaps Dr. G. has ridden his hobby too fast and too exclusively, as men are wont to ride a favorite nag. Prof. CARNOCHAN, of Surgery, in this institution, who has something of the Napoleon organization and temperament, with great confidence in the power of his art, and individual enterprise, has acquired a high reputation by his brilliant achievements as an operator.

Bellevue Hospital.—This is a magnificent charity, that does credit not only to those who founded and sustain it, but to humanity. It has within a few years been separated from the general almshouse, and is appropriated to the accommodation of the sick

poor. It has been in a great measure re-constructed, and much enlarged, and forms a magnificent and extensive architectural pile, with every internal convenience and comfort for the sick, an ample theatre for clinical instruction, and is now the great school of the city for this purpose, with a medical board selected from the most distinguished physicians and surgeons. Foremost in this enterprise has been Dr. James R. Wood, one of the principal surgeons of the Hospital, who, by the way, is a remarkable man. With courage and enterprise superior to fortune, yielding nothing to circumstances, he has, against adverse winds and chilling prospects, made his way at an early age to the highest ranks of the profession as an operator, and has an extensive surgical practice. The clinical instructions of Drs. Eliot and Tailor on obstetrics and diseases of females, add much to the attractions of Bellevue.

Dislocation of the Hip-Joint.—The method of reducing this dislocation, originated and practised by Prof. Nathan Smith, of New Haven, some thirty-five years ago, and revived some few years since, I think by Dr. Read, of the State of New York, is now resorted to with great success in this city. I saw Prof. Parker, at Bellevue Hospital, with great facility reduce a case that had been some hours out, in a very athletic man, by the first manipulation of a circuitous sweep of the thigh over the abdomen, depressing at the same time its upper extremity, to disengage the head of the bone from the place of its lodgment. It is surprising that this simple and easy method should have been so long neglected, after once having been introduced to the profession; but it was not probably sufficiently practised to convince the profession of its general practicability.

The New York Hospital is, as usual, in its career of usefulness, and furnishes a great field for clinical observation, under the guidance of such men as the well known Drs. Buck and Watson.

The unexampled energy and enterprise that characterize New York, as a mercantile city, are also visible in her numerous medical charities. The Eye and Ear Infirmaries; the many dispensaries; the provisions for the deaf and dumb, for the insane, the blind, the idiotic, the surgical diseases of women, and every other form of disease, both surgical and medical, with commodious and appropriate buildings, all, with scarcely an exception, accessible to the student or medical visitor, furnish evidence of a rare and active philanthropy, and an almost endless field for the medical observer.

Dr. Detmold, who seems to confine himself mostly to private practice, gives a surgical clinique once a week at the College of Physicians and Surgeons. He is one of the strong men and clear heads of the city. There is also a large number of young men, rising to fame, and the highest acquisitions (most of them now occupying honorable stations), who seem to form a reserved corps, and who will ere long do honor to the highest places in the profession. Among these, may be reckoned, Drs. Elliot, Stephen

Smith, Thomas, Agnew, Gouley, Finnell, Sands, Bumstead, Heywood and others.

For the benefit of many of the profession whom I know to be solicitous in regard to the worth and fate of Bennet's views upon Uterine Pathology, I will state that they are generally adopted in New York, and by those men who are giving their special attention to that class of diseases. Yours respectfully,

Maine, April 27th, 1858. J. C. B.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 13, 1858.

AMERICAN MEDICAL ASSOCIATION.

The Annual Meeting of the American Medical Association began at Washington, May 4th; a large number of delegates were present, no less than forty being registered from Massachusetts. The session was held in the lecture-room of the Smithsonian Institute, and continued for three days. The first day was occupied with the necessary business, including the choice of officers for the ensuing year. The following gentlemen were elected: *President*—Dr. Harvey Lindsley, of Washington, D. C.; *Vice Presidents*—Drs. Thomas O. Edwards of Iowa, William L. Sutton of Kentucky, Josiah Crosby of New Hampshire, and Douglas C. Warren of North Carolina; *Secretary*—Dr. A. J. Semmes of District of Columbia; *Treasurer*—Dr. Wistar of Pennsylvania. Dr. Reese, of New York, offered an apology for his conduct in recommending Dr. McClintock for the situation of physician-in-chief to the Blockley Hospital. He stated that he at the time, and still, regarded the act as right, but he would defer to the judgment of his friends, who regarded it as a great error. He would admit that he had erred, and apologized to the Association. Dr. Reese's statement was received with applause, and his apology was accepted by the Association. Dr. Bryan, of Philadelphia, also made a similar apology, which was accepted.

The next day, when this question was supposed to be quietly settled, it was opened afresh by a resolution offered by Dr. Atkinson, of Virginia, to the effect that no person be admitted as a delegate or member who has been expelled from any State or local association, until relieved by such association. The reason for this resolution was, that Dr. McClintock was waiting in the hall with his credentials as a delegate from Blockley Hospital. A spirited debate ensued, and the votes of the previous day, accepting the apologies of Drs. Reese and Bryan, were re-considered. Dr. Reese finally read a brief, unexplanatory apology, with an expression of regret for his violation of the Code of Ethics; Dr. Bryan consented to sign it, also, and the affair was at last settled. This discussion occupied the entire day.

The two essays which received the annual prizes were found to have been written by Dr. Austin Flint, of Buffalo, on the Clinical Study of the Heart's Sounds in Health and Disease, and by Dr. Montrose A. Patten, of St. Louis, on Color Blindness.

Among the reports which were read at the meeting was one on the "Treatment of the Results of Obstructed Labor," by Dr. Sims, of New York; one on the "Treatment of Cataract," by Dr. Stephenson, of New York; one on "Spontaneous Umbilical Hemorrhage of the Newly Born," by Dr. J. Foster Jenkins, of Yonkers, N. Y.; one by Dr. Bemis, of Kentucky, on the "Influence of Marriages of Consanguinity on Offspring," and one by Dr. Campbell, of New York, on the "Nervous Concomitants of Febrile Diseases." Dr. Parker, late of China, exhibited a large number of urinary calculi, which he had removed during his residence in that country, and the Association urged him to publish the results of his medical labors in China.

A committee of nine was appointed to wait upon Mr. Secretary Cobb, and request him to restore Dr. Bailey, of New York, to the office of Inspector of Drugs. This was at first unanimously approved, then re-considered, and passed by a small majority. Later in the day, Dr. Tyler, of Georgetown, protested against it, as likely to damage the Association by introducing a political element into it, and finally it was very properly voted to lay the whole thing on the table.

The Committee to whom Dr. J. R. Wood's Medical Education Report was referred, recommended that all the medical colleges entitled to a representation in this Association be invited to send delegates to Louisville, to meet on the Monday preceding the next annual meeting.

The Association voted to hold the next meeting at Louisville, Ky.

During the three days the Association was in session, the members were treated with the greatest hospitality by the inhabitants of Washington and by the members of the Government. On Tuesday evening the delegates were received by the President. Entertainments were also given by Drs. Taylor and Riley, of Georgetown, and Drs. Miller, Johnston, Garnet, Boyle and May, and by the Hon. Stephen A. Douglass. On Friday there was an excursion to Mount Vernon.

QUARANTINE AND SANITARY CONVENTION.

The second annual meeting of the National Quarantine and Sanitary Convention took place at Baltimore on the 29th ult. The chief subjects of importance which were discussed were those of quarantine, of the internal hygiene of cities, and of vaccination, which were referred to committees to be reported on at the next annual meeting. Dr. Jewell, of Philadelphia, from the Business Committee, presented the following resolution, which was referred to a committee of five:—

Resolved, That the following subjects be referred to a committee, to investigate and report upon the same at the next meeting of this Convention:—

1. A History of Quarantine.
2. Have quarantines secured the objects for which they were originally instituted? If not, the reasons of their failure.
3. What reforms are required to make quarantines more efficient and less burdensome?
4. Is a uniform system of quarantine laws feasible?

On motion of Alderman Wightman, of Boston, it was

Resolved, That —— be a committee to report on the internal hygiene of cities, and present the same at the next meeting of the Convention, with particular regard to the following points:

1. A complete and efficient system of registration of births, marriages and deaths, with particular reference to cities, and the necessary connection of such a system with sanitary measures.
2. Upon the subject of disinfectants—their character, effects and benefits in connection with sanitary measures.
3. Upon the importance of an ample supply of water—an adequate sewerage and the proper disposal of the offal of cities.
4. Upon the importance and economy of sanitary measures to cities.

A motion was agreed upon to make the Committee consist of seven members, after which the preamble and resolution were adopted.

On motion of Dr. CLARK, of Boston, it was

Resolved, That the Committee be also instructed and authorized to report some detailed and specific plan for regulating the internal sanitary condition or hygiene of cities, which shall embrace all the subjects which may possibly come within the province of preventive medicine, and report the same to the next meeting of the Convention.

The following is a list of the officers who were elected for the ensuing year: *President*—Dr. Wm. M. Kemp, of Baltimore. *Vice Presidents*—Dr. John M. Moriarty, of Boston; George N. Eaton, Esq., of Baltimore; Dr. P. C. Gaillard, of Charleston, S. C. *Secretaries*—Charles H. Haswell, Esq., of New York; Dr. D. J. McKew, of Baltimore; Hon. F. F. Ferguson, of Norfolk.

The Convention adjourned on Saturday, May 1st, to meet in New York, in April, 1859.

Bromide of Potassium in Spermatorrhœa.—In a late number of the *Union Médicale* is an article by M. Alf. Binet, recommending the use of the bromide of potassium in spermatorrhœa as employed by Dr. Thielmann, a Russian physician. The sedative effect of this substance on the genital organs is well known, causing loss of virile power for several days after the medicine has been discontinued. M. Binet reports three observations of spermatorrhœa, in which the effect of the bromide was evident and rapid. The first patient had suffered for 17 years from spermatorrhœa. He had several emissions every night. After the first dose, the emissions were reduced to one, nightly; at the end of a week they ceased, to re-appear only once, and in a month the patient left the hospital well. The subject of the second observation had been affected several years. At the time the treatment was begun he had two, three and even five pollutions a night. An immediate improvement followed the administration of the medicine; after a fortnight the patient had but one emission every fourth day. In the third case, the patient had several pollutions every night; after using the remedy six weeks he was cured, and discontinued the medicine. In a month he had a relapse, but the treatment was resumed with the same success. No unpleasant effects were observed in either case, from the bromide, which was given in the dose of from 10 to 30 grains, in mucilage. A large number of observations are necessary to confirm the good effects of the bromide claimed by M. Binet, but the remedy is worth trying.

Buffalo Medical Journal.—Dr. Sanford B. Hunt, having retired from the practice of medicine, has resigned his connection with the *Buffalo Journal*, which will be conducted by Dr. Austin Flint, Jr.

Health of the City.—There is a striking agreement in the mortality of the last week, and the corresponding one for the two previous years, the deaths in 1856 having been 74, in 1857, 70, and in 1858, 74. In each week there were 15 deaths from consumption, and 4 from scarlatina.

Books and Pamphlets Received.—Graham's Elements of Inorganic Chemistry.—Bennett's Clinical Lectures on the Practice of Medicine.—Lectures on Mind and Matter, by Sir Benjamin Brodie.—Nature and Art in Disease, by Sir John Forbes.—Contributions to Operative Surgery and Surgical Pathology, by J. M. Carnochan, M.D.

Deaths in Boston for the week ending Saturday noon, May 8th, 74. Males, 33—Females, 41.—Accident, 5—disease of the brain, 1—cancer, 1—cancer of the uterus, 1—consumption, 15—convulsions, 3—dropsy in the head, 6—drowned, 1—debility, 1—infantile diseases, 5—puerperal, 2—eczema, 1—erysipelas, 1—scarlet fever, 4—typhoid fever, 1—gravel, 1—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 4—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 3—old age, 1—palsy, 1—pleurisy, 1—teething, 3—throat, gangrene of, 1—thrush, 2—unknown, 1—whooping cough, 2.

Under 5 years, 29—between 5 and 20 years, 8—between 20 and 40 years, 21—between 40 and 60 years, 4—above 60 years, 12. Born in the United States, 52—Ireland, 16—other places, 6.

Dr. King's forthcoming Work on Quackery.—At the annual meeting of the Bristol District Medical Society, held at Taunton, March 10th, 1858, the following preamble and resolution were unanimously adopted:

"Believing it to be the duty of all honorable medical associations and individuals to expose the errors and deceptions of empiricism, and diffuse among all classes such intelligence as will enable them to detect and expose quackery in all its forms, therefore,

"*Resolved*, That we highly approve of the plan of Dr. Dan King, in his work, which is soon to appear, under the title of "Quackery Unmasked," as calculated to diffuse that information which the public so much need. And we earnestly recommend to all medical associations and medical men to aid him in his praiseworthy undertaking. CHARLES HOWE, *Secretary.*

The American Association for the Advancement of Science has ended its session, at Baltimore, and adjourned to meet in Springfield, Mass., on the first Wednesday in August, 1859. Prof. Stephen Alexander, of Princeton, the distinguished astronomer, is elected President for the ensuing year; Prof. Hitchcock, of Amherst, is Vice President.

Mr. E. B. Elliott read a paper before the Association on the "Confirmation, from data derived in the City of Providence, of a newly-determined law of mortality for early childhood."

The law may be stated thus: The number of persons dying under any age, within certain limits, in a given community, varies according to some constant power of the age—constant for the given community, but varying with different communities. In communities where this law prevails, the ratio of the numbers dying under any given age to the number dying under any given multiple of the age, within the limits, must be constant. In England, of those dying under any age not exceeding three years, about 7-10ths die under one half that age. For example, of those dying under the age of two years, about 7-10ths die before attaining the age of one year. Of those dying under one year, about 7-10ths are under the age of six months. In France the constant ratio is 8-10ths, instead of 7-10ths, as in England. In Belgium it is about 7 1-2 10ths. In Providence this ratio was about 6-10ths, ranging from 5 1-2 to 6 1-2 10ths.

Maryland College of Pharmacy.—The vacancy created in the chair of Materia Medica in this school, by the resignation of Prof. Charles Frick, M.D., who has been elected a member of the Faculty of the University of Maryland, was filled by the selection of Dr. Francis Donaldson, of Baltimore. Dr. D. is a practitioner of medicine who has already won an enviable reputation for his thorough acquaintance with the theory and practice of his profession, and his selection will prove eminently valuable to the college.

Philadelphia College of Pharmacy.—At the annual meeting of the College, held March 3d, thirty-one gentlemen, having complied with the requisitions for graduation, were declared Graduates in Pharmacy.

The Thirteenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held in the city of Quebec, C. E., to commence on the second Tuesday in June, at 10 o'clock, A.M.

Appointment of Prof. Dickson.—It affords us much pleasure to announce that, at a meeting of the Trustees of Jefferson Medical College, on the 27th ult., Dr. Samuel H. Dickson, of Charleston, S. C., was appointed as the successor to the lamented Mitchell in this institution. The high reputation of Dr. Dickson as an able lecturer, a finished writer, and an accomplished gentleman, are too well known to require any comment.—*North American Med.-Chir. Rev.*

A "Laudanum District."—It has always been understood that Holbeach is a great "laudanum district," and as might be expected the drug is sold in immense quantities, not only by our druggists, but by almost every little country shopkeeper and general dealer in the neighborhood; and that there are so few deaths known to be caused by its use is surprising. Judging from a single druggist's weekly return of retail sales, shown to us the other day, we think we are within the mark in estimating the amount of money spent by the working classes in this parish (though they are by no means the only consumers) in laudanum and opium at not less than £700 or £800 a year.—*Stamford (Eng.) Mercury.*

THE

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FURTHER ILLUSTRATIONS OF TYPHUS FEVER.

THE RESULT OF OBSERVATIONS MADE AT THE LONDON FEVER HOSPITAL IN THE SUMMER OF 1853.

BY J. B. UPHAM, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

SOME ten years ago were published in this JOURNAL the results of my observations and experience in maculated typhus or ship fever, during its prevalence as an epidemic at the South Boston and Deer Island Hospitals. These records were at first given in the form of "*Clinical Notes and Post-mortem Illustrations*," much condensed and without comment.

Subsequently they were enlarged and extended, and, as opportunity permitted, multiplied, till they embraced examples of the fever in all its different degrees of intensity, and with the varying phases, complications and sequelæ manifested in the epidemic in question—accompanied by such views of its nature, pathology and treatment, as had been gained by study and experience at the bedside and in the dead-house. In such form these isolated papers were brought together and re-published, for their better preservation and more convenient reference; since, imperfect and incomplete as they were, they chanced to embody the only written history of the epidemic, drawn from an actual inspection of it throughout nearly the whole period of its visitation upon our shores in the years 1847–48.

In the summer of 1853, I had the privilege of further prosecuting my researches in this direction in Dublin, and during a few weeks of daily attendance in the wards of the London Fever Hospital. At this latter institution, in particular, by the kindness of Dr. Sankey,* the then resident medical officer of the Hospital, my opportunities for the examination of disease, upon the living and

* Dr. W. H. O. Sankey, now Medical Superintendent of the County Insane Asylum, Hanwell, Middlesex.

dead, were of the most ample and liberal nature.* My main object in these investigations abroad, was to compare the disease, as found in its *indigenous haunts*, with its manifestations and habits here *as an exotic.* I therefore entered the hospital, for a brief period, as a student of fever, carefully noting what I *saw* of the disease, in as many cases as it was possible to follow up, and learning incidentally, by the best means in my power, the previous history, condition and circumstances of each patient.

The mass of materials thus collected have remained untouched till now. But the recent and somewhat sudden appearance of the fever in the wards of the Massachusetts General Hospital, hints that some local interest may again, perhaps, attach to this subject.

It is not my purpose now to give a memoir of the fever, nor to say much upon the question of treatment; and to analyze and classify the facts collected would require more space than I feel justified to occupy here. I intend only to *portray* the disease as I found it; and as it may at all times be found in the wards and dead-house of a fever hospital in Great Britain. The subjoined cases may be regarded as *models* of the affection, in its various forms of severity. They were treated by the physicians of the Hospital, Drs. Tweedie and Smith.

In noting these cases, I have here, as elsewhere, endeavored to follow the maxim of Sydenham, so aptly quoted by Jenner, to "note them accurately, in all their minuteness;—in imitation of the industry of those painters who represent, in their portraits, the smallest moles and the faintest spots." I make no apology, then, for what might be called, perhaps, their tedious minuteness and particularity.

Case I.—*General Abstract of the Case.* A boy, aged 15 years, being in ill-conditioned quarters, in immediate proximity to a case of the fever, experienced sudden debility, headache, anorexia—rigors—confusion of intellect—sleeplessness—rash on the sixth day—suffused eyes—tongue coated with yellowish fur, inclining to brown—chest resonant—respiration 32 to 40—bowels mostly regular, some fulness and tenderness—surface hot, dry, pungent—pulse 90 to 124—disappearance of spots on fourteenth day, followed by convalescence, retarded by slight complications; recovery.

James Mannard, a well-made, robust lad, of sanguine temperament, 15 years of age, was admitted to the London Fever Hospital on the first day of June, 1853, in charge of Dr. Southwood Smith.

* It was here that Dr. Wm. Jenner had, a short time previously, carried on and perfected his elaborate investigations of fever, from which resulted his well-known classification, into four distinct and separate diseases, of the affection so long confounded under the term continued fever by some of the most eminent authorities of Great Britain. I had been led to the same conclusions, so far as relates to the non-identity of typhus and typhoid, by the evidence forced upon my senses in the epidemic of 1847–48, when the two diseases not infrequently lay side by side in the wards of the same hospital, and whose phenomena were noted, *pari passu*, at the bedside and in the dead-house. This truth the facts and arguments of Jenner would now seem to have put forever beyond a question.

Previous History and Circumstances.—This patient is by trade a shoemaker, and has worked with his father. Prior to this attack, he is said to have been in the enjoyment of uniform good health. He was brought into the Hospital from a house in Litchfield St., and is one of a family of six persons occupying two rooms. There are eight families in the same house, limited most of them to a single room each. One other individual is down with the fever. There is bad drainage, and want of light and sufficient ventilation.

Present Attack.—On Friday, the 27th of May, he was seized, it is stated, with violent pains in the head, back, joints and bones, accompanied by alternations of heat and cold with shiverings. There was, from the outset, much exhaustion, anorexia, thirst, sensitiveness of surface, with perversion of intellect and tendency to delirium. He slept but little. His bowels had been once moved by some aperient medicine. On Tuesday, the 31st, spots were first observed on the arms and legs, "like a faint measly rash." A light diet and simple drinks only had been allowed, previous to his admission to the wards.

He first came under my observation on the third day of June, when the following notes were taken.

General appearance indicates a moderately severe accession of the disease; much pain in the head; face flushed and fuliginous; eyes suffused, pupils dilated; tongue mostly covered with a thick coat of yellowish-white fur, the edges being clean and red; chest resonant on percussion; respiration 36, easy and regular; some little cough; slight mucous râle anteriorly and superiorly; abdomen natural, no pain on pressure; stools natural; pulse 120, full and compressible; much heat of general surface; skin dry, dusky in hue. The eruption is abundant over the whole body, and of a deep red color, partly disappears under pressure, most evident on the upper extremities, where it simulates, in its disposition and clustered crescentic form, the rash of measles. A strong, peculiar pungent odor is perceptible from the surface of the body. Patient appears considerably prostrated; lies mostly only on his back; is confused in mind; answers questions with difficulty; has no appetite; thirst urgent. He has got, since his entrance, the mild "fever mixture" of the Hospital, consisting of liq. ammon. acet., ʒ ij.; mist. camph., aq. distill., āā ʒ ss. Also, has had four ounces of sherry wine; beef-tea p. r. n.; and, for drink, milk and water as often as desired.

June 4th.—Rested pretty well, but talked and moaned in his sleep; still some pain in head; eyes suffused; face less flushed; tongue as yesterday; intelligence better; respiration 36, natural; resonance of chest good; some cough; slight bronchial mucous râle; bowels sensitive to pressure; two stools, natural; urine high colored; pulse 120, weak, compressible, regular; general surface of skin hot and dry; spots more persistent; the mottled crescentic

appearance noted yesterday on the upper extremities disappearing; no appetite; urgent thirst. To continue the mild fever mixture, with wine and beef-tea p. r. n.

5th.—Passed a rather uncomfortable night; moans in sleep; decubitus on back; face flushed; eyes suffused; pupils natural; tongue has creamy coat, extending quite to its edges and tip; no sordes on teeth or lips; respiration 36, rather laborious; some cough, no expectoration; belly natural; three stools, light; urine free; pulse 124, regular; surface hot and dry, with much sensitiveness, emits a peculiar ammoniacal odor; spots equally diffused, fading, and mostly disappear on pressure.

6th.—Slept well, but moans a little at night; general powers better, more cheerful; face less flushed; eyes less suffused; tongue covered with creamy coat, drier than yesterday; no sordes on teeth, a very little on lips; respiration 40, accompanied with some sighing; coughs a little, no expectoration; resonance good; abdomen natural, a little sensitive to pressure; three stools, rather light, loose, thin; urine rather high colored; some sensitiveness of surface on chest and abdomen; spots fading, some are persistent, others disappear entirely under the finger; pulse 116, regular, full, of good volume, though compressible; no appetite; much thirst. Beef-tea, with a little bread; in other respects diet and treatment as heretofore.

7th.—Has passed a restless night; slept but little, talked and raved at intervals; complains of pain in head; eyes more suffused; tongue almost entirely clean; coughs but little, is of no consequence; abdomen pretty natural to the feel, though sensitive to pressure; two stools in bed; urine in bed; pulse 120, regular, quite compressible; skin sensitive, more hot and dry; spots scarcely noticeable; general appearance of weakness; some nervous agitation. Treatment the same.

8th.—Slept better; appears brighter; eyes clearer; cheeks still flushed, but face more natural; tongue has a uniform covering of thin light fur, extending over the whole organ; pulse 108, soft, compressible; spots wholly vanished, with the exception of a few about the epigastrium and on the abdomen, which fade, but do not altogether disappear, on pressure; some tympanitis; peculiar odor still perceptible, but fainter; urine less high colored, some still passed in bed; thirst remains rather urgent.

9th.—Slept well, very little of the moaning during the night; is this morning lying on his side for the first time, and is able to turn from side to side alone; has just waked from a quiet sleep—says he "feels hot in his head," and "has a heavy pain," which he refers to the top and back of the head; eyes still a little injected; tongue perfectly clean; respiration 32, easy, a little interrupted; resonance of chest good; slight cough, but is not troublesome; bowels once opened, stool moderate; still some tympanitis; urine

plenty and free, some passed in bed; pulse 102, stronger, has a little hardness under the finger; skin is moist and natural; less thirst; appetite returning; is taking the mild fever mixture, with wine and beef tea, milk and water and a little bread.

10th.—Slept soundly and well; face bright and natural; eyes clearer; tongue clean, excepting a very light fur thinly spread over its surface; respiration natural; belly a little tender; two stools, natural; water amber colored and deposits a slight sediment; skin is cool and moist; pulse 92, of good volume, natural.

The fever in this patient was now at an end, and his convalescence seemed fully established. His recovery, however, was retarded by some slight cerebral and nervous disturbance, and a mild intestinal complication, manifested by tenderness and tympanitis. On the 11th, the pulse rose to 104, and he complained of the old pain in the top and back of his head; the belly was a little more blown and tender to the touch, and his appetite diminished. On the 12th, the pulse was 96; there was less tympanitis and less headache, but still some general nervous disturbance.

My last notes in this case were taken on the 13th of June, when all these symptoms were abated—his pulse 90, appetite good, and no pain remaining. He was discharged from the Hospital a few days afterward, well.

This was a fair specimen of a moderate case of the fever in England, uncomplicated (with the very slight exceptions noted above), occurring in a good constitution, running its course evenly, with no marked symptoms, but inclining to adynamia, tending to convalescence and recovery by the unaided efforts of Nature, but evidently benefited and sustained by the judicious use of stimulants, a light and generous diet and good nursing. It offers no peculiarities and needs no comment.

In my next I shall give examples of a severer form of the disease.

FALSE TEETH SWALLOWING.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—The Journal has lately had a number of cases of false teeth swallowing. Will you accept the following one, in which such teeth were not swallowed exactly, but produced trouble both to the patient and his physicians.

I was once called to visit a neighbor, a well-informed and ingenious mechanic, who had fallen from a height, and was thought to be seriously injured. Upon reaching the address, I found the late Mr. J. C., stretched out on the floor of his shop, in apparently an unconscious state, breathing very stertorously. He had, just before, fallen from a ladder of common height, and had not moved or spoken since. Examination discovered no hurt to head or limb.

There was some contusion about the chin and mouth. Surgery not being one of my specialties, and I not reaching a satisfactory diagnosis, sent for my friend, the late Dr. ——,* quite distinguished among our many very skilful surgeons. He looked Mr. —— very carefully over, as the phrase is in the Old Colony (at least I never heard it used any where else, and my travels at home and abroad have not been small), and could find no cause for the present state of things. The pulse indicated neither concussion nor compression. There was no vomiting. The temperature was good. So having made arrangements for applications to the head and feet, hoping to strike the morbid condition, or its cause, as it probably lay somewhere between these two extremes of the body lying senseless before us, and as remedies were necessarily confined to the surface, swallowing being impossible—having, in short, done what we could, we left, agreeing to meet at the same place in the afternoon.

We met as agreed upon, and to our surprise and joy found Mr. J. C. up, and as bright and joyous as I ever had seen him. "I am well again, you see," said he. "You could not find out my disease or its cause. I will tell you; my ladder fell, and I with it. I struck on my mouth and chin. I wear false teeth, and the blow knocked off a part of them, and forced them into my throat; there they stuck. I did not know anything when you came—being stunned—and could give no account of myself. I gradually came to, and at once found out what was the matter. I thrust my fingers into my throat and turned up and out my teeth, and soon breathed as well as ever." My good-natured neighbor laughed heartily at our trouble, and at our not finding out what was the matter.

There can be no doubt that Mr. — was in some danger, and none that if the teeth had been forced farther into the fauces he would have died of suffocation before assistance could reach him. His entire unconsciousness, together with the heavy stertor; his swollen, turgid and suffused countenance, looked like apoplexy, produced by the shock, or by some grave lesion of the skull or brain, or both.

Why have dentists and false teeth so rapidly increased of late? You may say that the first demand the last. But why the first? I am on the shady side of 70, and have lost but five of my old stock, and they have kindly taken their leave, "making no sign." And how have they been preserved? By daily care through many, many years. A stiff brush, wetted and rubbed on a cake of castile soap, and thorough brushing; then rinsing, or better, washing the mouth after every meal. Very few know how to wash the mouth. Unless the water is directed by the will, the muscles of that office being called into voluntary action, and the water be direct-

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* Dr. Samuel Parkman.

ed to every part of the mouth, nay, to every tooth, and it can be done, your mouth is not washed, or your teeth cleaned. As I for the most part, year in and year out, take my meals at home—never entertaining, and of course being never entertained—I have abundant opportunity to wash and preserve my teeth. I never had but one tooth filled. This filling did no sort of good, and I do not think I shall have the operation repeated. False teeth can be kept clean. Without great care, however, the breath can never be sweet. For my single self, I would much rather swallow than wear them. You can always tell if they are worn, if the careless wearer be on your windward side. They tell us a Parisian knows the quality and source of all the odors of Paris. The false teeth always tell their story. It seems to me that some rule might be established touching these articles of mouth furniture. They might be used when wanted, as is the pocket handkerchief. For instance, when a man is about to make a speech, or a lady to go to a ball, or when either is about sitting down to dinner, or any other meal, at church for responses, or for singing, &c. &c. At all other times they should be out of the mouth, and in a case, or bag (a very small one will answer), and thus all the accidents of breath, of sleeping with the teeth in, or wearing them when at work, or boxing, or what not, may be prevented, and all the benefit of the false teeth be certainly reached. To show you how careful some of the class referred to are of these adventitious substitutes, I will close with a story.

Miss ——, aged about 47 (?), was under treatment, when it occurred to me that some acid remedy might be useful, and I prescribed one. Said Miss ——, "Will it not hurt my teeth?" I said no, if she would follow some simple directions which I gave her. "I ask," said Miss ——, "because I highly value my teeth, as they cost me quite a sum of money!" I assured her that she might be entirely easy on that score, and might use the acid draught as freely, so far as the teeth were concerned, as if it were mere water.

W. C.

THE HYPOPHOSPHITES.

BY JAMES R. NICHOLS, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE importance of the element phosphorus in the human economy has not been fully appreciated until within quite a recent period. The amount present in the brain, as shown by investigations at the Cambridge laboratory, a few years since, is much larger than was supposed. Not only had the best chemists of Europe fallen into error in their estimations of the quantity of phosphorus, but also in that of sulphur, the element so closely allied to phosphorus in its uses and chemical affinities.

The vital importance of these agents in maintaining a normal condition of the system can be understood by a consideration of the probable fact, that in all the operations of the mind, in every effort requiring an expenditure of nervous force, they are called into action. In their rapid oxidation in the brain, on occasions of great intellectual effort, there may be a nearer approximation to literal truth in the remark, that there are "thoughts that *burn*," than is generally supposed.

Not only is chemical science capable of pointing out the exact chemical constitution of the body, and the changes and transformations which are constantly occurring, but it has proved competent to direct us respecting the proper methods by which certain elements or agents may be furnished when pathological symptoms indicate an insufficient supply.

The use of that class of salts known as hypophosphites offers the most direct and philosophical means of supplying phosphorus to the system. The small amount of oxygen in combination with this element in the hypophosphorous acid which unites with the alkaline carbonates, the bases of these salts, is favorable to easy decomposition in the economy. By the changes which result from further oxidation, nascent phosphorus and phosphates are liberated. The phosphorus thus set free is certainly in a condition most favorable to the fulfilment of its design and high office in the brain and nervous system. Whether the phosphates, as such, or by further change, are capable of exerting specific and desirable influence, must be regarded as a matter of some doubt, although they have been administered in the form of "syrups of the phosphates" for a considerable time, by distinguished physicians.

When the oxide of phosphorus is placed in contact with hot milk of lime, hypophosphite, phosphate and carbonate of lime, hydrogen and phosphuretted hydrogen result from the chemical changes which occur. The hypophosphite of lime is soluble, and remains in solution while the insoluble phosphate and carbonate are suspended, or fall to the bottom of the vessel as a precipitate. In the preparation of the hypophosphites, the usual method has been to boil the phosphorus of commerce in milk of lime until the formation of phosphuretted hydrogen ceases, then filtering the liquid, working the precipitate, and after concentrating the clear solution, allowing it to crystallize into a dry salt. Mr. Shaffer, of Louisville, proposes, in the last number of the *Journal of Pharmacy*, to first oxidize the phosphorus by a current of air thrown upon it, while fused under hot water, and then to place it in milk of lime, as in the former process, for the formation of the hypophosphite.

This process I have found tedious, and perhaps not less objectionable than the other. The product is not essentially larger. It may be much facilitated by employing a current of mingled air

and steam, in preparing the oxide of phosphorus, instead of the air current. The white vapors of phosphoric acid produced are very dense and abundant, and the process should be conducted under a strong draught. As an experiment, the passing of an air current upon melted phosphorus in water, is beautiful. The intensely vivid flame and streams of light, commingled with sparks, beneath the water, afford a pleasing spectacle, when the operation is conducted upon a large scale.

The alkaline hypophosphites of soda, potassa and ammonia are readily obtained by reaction with the lime salts. The iron salt may be obtained by precipitating a solution of hypophosphite of soda with one of sesqui-sulphate of iron.

As a source from which to supply phosphorus to the system, hypophosphorous acid must be regarded as of the highest importance. What phosphoric acid may have failed to do, in supplying the waste of phosphorus, it is almost certain that the acid containing the less amount of oxygen is capable of accomplishing. Uncombined with the alkalies, it should receive attention as a remedial agent.

It is undoubtedly the experience of medical gentlemen that most new chemical remedies fail to accomplish the expectations of the introducer, and therefore much hesitation may be expected in making trial of the hypophosphites, and the acid from which they result. Dr. Churchill, to whom we are indebted for calling attention to them, is confident that "they will occupy one of the most conspicuous places in the materia medica." "The effect of these salts," he says, "upon the tuberculous diathesis is immediate, the general symptoms of the disease disappearing with a rapidity which is really marvellous."

Although specifically prescribed for phthisis, by Dr. Churchill, it is evident their beneficial effects are not limited to this one variety of disease. They would seem to be most appropriate remedies in a large class of affections resulting from loss of nervous force, and perhaps in cases of mental aberration not resulting from family idiosyncracies; also in many of the diseases of infancy, where there is want of vital action, and where the osseous system is defective. A clear understanding of the chemical nature and characteristics of the remedies under discussion, will enable physicians to apply them in a large class of diseases where their use seems to be indicated.

The dose of these salts of lime, soda, potassa and ammonia, is about ten grains to adults, given two or three times in the twenty-four hours. They may be combined in the form of syrup, or with lactose (sugar of milk), or glycerine. All the salts are more or less deliquescent, and therefore it is important they should be placed under the protection of some agent capable of preserving them from change.

TREATMENT OF TRISMUS AND TETANUS.

BY DR. MOLNAR, OF NIMBURG, BOHEMIA.

[Translated for the Boston Medical and Surgical Journal, from the *Allgemeine Wiener Medizinische Zeitung*, of March 30th, by Dr. B. Joy Jeffries.]

The uncertainty of most of the recommended means of treating tetanus, fortunately a disease of rare occurrence, makes it the duty of every conscientious physician to remedy this deficiency in therapeutics by relating any single case in which the adopted plan of treatment was successful.

Ours was the case of a mason, Vincenz Holub, of Nimburg, a robust man, previously healthy, æt. 45. Sept. 22d, his left forefinger was so crushed by a stone of three hundred weight, that amputation with a flap was necessary, close above the head of the first phalanx. The wound was healing regularly, without pain, and had perfectly granulated "rose-red," when the patient began, on the 5th of October, to complain of painful tension and contraction of the muscles of mastication, and of difficulty of deglutition. In spite of the exhibition of opium and tartar emetic, in one grain doses, baths, followed by the desired diaphoresis, and of the greatest care, yet by the 9th of October the highest degree of tetanus was developed.

The patient had complete consciousness; pulse normal; pupils, in a moderately darkened room, strongly contracted; the teeth firmly set together, and not separable, either actively or passively. All the muscles of the neck and trunk, and the extensors of the extremities, were hard as a board. The stiffened body was thrown into various positions by painful electric-like shocks, both spontaneously and at the slightest touch. The patient was sleepless. The urine was drawn off by the catheter. Fluids (milk, soup and water) which were poured in, through an opening left by the extraction, several years previously, of two upper incisors, were mostly regurgitated, the remainder flowing down as through a pipe.

Opium, in the form of clysters, gave no relief, as also the other means generally recommended. Baths could not now be used; and without much hope of success, I resolved, on October 16th, to employ chloroform. After the first inhalation of two drachms, the patient was greatly relieved. His consciousness did not exhibit the slightest disturbance. The painful contractions and rigidity were lessened, and he slept for two hours.

On the day following, three drachms of chloroform were used; on the third day, four; and on the fourth day, six, without producing any narcotism. But I noticed that on the third day of treatment, the patient could separate his teeth three lines.

The chloroform was now suspended for one day, and then again inhaled for five days in doses of three drachms per diem. All appearances of tetanus and trismus gradually disappeared, so that the patient could have been considered well by the 8th of Novem-

ber. His strength speedily returned. In all, he had used about four ounces of chloroform.

In view of this case, I have no hesitation in enrolling myself with those physicians who consider chloroform in this disease as a "Unicum."

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

March 8th.—*Croup; Tracheotomy; Death.* Dr. Ellis reported the case.

On the morning of February 20th, an Irish child, fifteen months old, showed some symptoms of laryngeal trouble, but these were so slight that they hardly attracted attention until the following morning. The patient was first seen by Dr. Ellis at 2, P.M., Feb. 21st. The breathing was then stridulous, the respiration 40, the pulse 136, the face pale or sublivid, the eyes closed, and the head thrown back. On examination of the back, mucous râles were heard on both sides. The pharynx, on depressing the tongue, was at once filled with a purulent fluid, which rendered it impossible to determine whether false membrane existed there or not. The child was seen soon after by Dr. Cabot, who performed the operation of tracheotomy in the usual manner, at 3½, P.M., the patient at the time being under the influence of ether.

The difficulty of respiration was at once relieved, and the child slept for some time. The opening of the tube was kept covered with a piece of gauze moistened with water. At 10 o'clock, the face was flushed and there was considerable heat of the skin, but he continued pretty comfortable until 3, A.M. The dyspnœa then returned, and was quite urgent at the time of the visit at 9 o'clock. The face was pale, the respiration 68, and the pulse very rapid, but not counted on account of the struggles of the child. Judging from the sounds within the trachea that the tube was obstructed, Dr. Cabot introduced a small sponge upon the end of a whalebone, and removed two portions of false membrane from one to two inches in length. One of these was tubular, and indicated by its size that the secondary bronchi were certainly affected. The removal of this afforded some relief, but at noon the dyspnœa was as urgent as before. Considerable thick sanious fluid was from time to time expelled from the tube. Mucous râles were abundant in the back. From this time the dyspnœa increased until the child died, at 7½, P.M.

Dr. Cabot remarked that he supposed the disease in this case to have commenced below the larynx and extended upward; that suppuration probably took place between the membranous lining and the mucous coat, by which the former became detached, and being thrown off and lodged in the larynx, caused the first serious symptoms. No lymph was seen at the opening made in the trachea, pus alone appearing and filling it at once. Dr. C. further said, in reply to Dr. Jackson, that he had seen two other cases, both fatal, in which he was confi-

dent the progress of the disease was from below upward. In one, which occurred in the practice of Dr. E. H. Clarke, no lymph was to be seen at any time upon the tonsils, while all the symptoms were unequivocally those of croup.

Dr. W. E. Townsend thought it remarkable that formation of the membrane commencing below, together with suppuration, as suggested by Dr. Cabot, should be accompanied with so little constitutional disturbance, in which opinion Dr. Cabot coincided.

With regard to the rapidity with which this disease sometimes progresses, Dr. Jackson alluded to a case that occurred, some time since, under the care of Dr. Perry, in which the first symptom was not noticed until within nineteen hours of death.

In answer to Dr. Gay, Dr. Ellis said that where the membrane is confined below the larynx, the breathing would not, in his opinion, partake of the croupy character.

At the subsequent meeting (March 22d), Dr. Lyman reported the following fatal case of croup, in which tracheotomy was performed.

At the request of Dr. Gould, who was confined by illness, Dr. L. was called, March 7th, to see A. H., aged 3 years 4 months, suffering with laryngitis. Found the patient moribund, surface livid, extremities cold, dyspnœa excessive, eyes open, fixed and dull. The parents were told at once that the child was dying. To their inquiry if nothing could be done, Dr. L. replied that, as a desperate remedy, the trachea might be opened, but that the chances of any good result were very trifling. Upon signifying a wish that it should be done, however slight the prospect of relief, a messenger was instantly despatched to Dr. Lewis's office, close at hand, to procure a tube, which Dr. Gay was kind enough to bring himself. Dr. Lyman immediately opened the trachea below the cricoid cartilage, and about 2 o'clock the tube was in its place. As an evidence of the desperate condition of the child, it may be observed that it was apparently insensible to the action of the knife. The immediate result was for some minutes doubtful, but stimulants to the nasal membrane and trachea, and clearance of the tube by suction, induced expiratory efforts and expulsion of several large pieces of membrane, the color returned, the eyes resumed their natural expression, the skin became moist, and, with an expressive smile to its father, the child became tranquillized.

During the absence of the messenger, Dr. L. found, by examination, an abundant supply of lymph upon the tonsils, and in the hope of exciting cough, applied a strong solution of nitrate of silver. No irritation of the larynx, however, resulted from it.

This patient had been ill one week—that is, since the previous Sunday. On Wednesday evening, hoarseness was first observed, which, with the cough, increased gradually, until 1 o'clock, half an hour before Dr. L. first saw him, at which time a sudden fit of violent and distressing dyspnœa supervened.

The child was left at 3¼ o'clock, the air penetrating easily and freely to the base of the lungs, with a little mucous crepitus on the left side. It swallowed water easily, and without exciting cough, the respiration being entirely through the canula, the fenestrum upon the convex surface of which was completely closed by the dense plug of lymph above. 6, P.M.—Had been dozing tranquilly, without distress. Had had one copious, dark-colored, offensive dejection; swallows water

easily ; skin cool and dry ; respiration loud and whistling through the tube ; pulse 152 ; respiration 43 ; both accelerated by Dr. L.'s presence and examination, for before the termination of the visit he fell asleep, and the respiration became perfectly regular at 30, and pulse 132. Ordered Dover's powders, with calomel, and to have chlorate of potash for drink. Later in the evening and early Monday morning condition much the same. Had had two strangling fits, relieved by removing and cleansing inner canula. At 1½, P.M., he was found much oppressed for breath. On removing the inner canula, its calibre was discovered to be diminished one half by a hard glue-like coating of mucus covered with pus. A feather passed through the tube into the trachea, brought away a considerable amount of purulent mucus. A few drops of water poured into the canula brought on violent expulsive efforts, with discharge of shreds of membrane and purulent mucus, followed by great relief, he immediately falling into a tranquil sleep. 6, P.M.—Continued comfortable ; had had a well-formed natural dejection : skin more natural ; respiration easy, and less moist and gurgling. His father thinks the air passes through the larynx when he coughs, and his whole aspect is more encouraging than at any previous time.

An hour and a half later, Dr. L. was called in haste, and found him in much the same condition as when seen previous to the operation—*i. e.*, dying—heart still beating strongly, both lungs remarkably resonant, but the air evidently penetrating very feebly. Passed a bent probe and feather for an inch beyond the inner extremity of the canula, but the obstruction below resulted fatally, he quietly breathing his last at 8 o'clock, 30 hours after the operation.

Sectio Cadaveris, 14 hours after death. Lungs distended with air, no collapse occurring on raising the sternum. Larynx filled with a dense plug, and presenting the exact appearance, at its lower extremity, when divided, of a bit of boiled maccaroni, the central aperture allowing of the passage of a fine silver probe. From the seat of the operation to the bifurcation, the mucous membrane was actively congested, and covered with much purulent mucus and occasional patches of lymph, the larger part having doubtless been expectorated. At the bifurcation, the bronchi were almost completely closed by adherent lymph, extending into the tubes as far as could be conveniently traced with the scissors. Lungs healthy, excepting active congestion of a small portion of the summit of the left lobe. These appearances of the trachea and bronchi are still well shown in the specimen before us.

In view of this condition of the bronchial tubes, it is very remarkable that the child's respiration should have been so tranquil until one and a half hour before death, unless it be conceded that this exudation occurs with greater rapidity than has heretofore been thought probable. In this case the sudden access of dyspnœa just previous to the operation, and a similar occurrence just before death, in connection with the somewhat similar phenomena in the history of the above case reported by Dr. Ellis, would seem to favor the supposition of a very rapid accumulation of solid lymph in this fatal form of croup.

Dr. Gay alluded to a case that occurred in the practice of Dr. Wyman, of Cambridge, in which, during the intervals between the turns of distressed breathing, no serious symptoms were apparent. One of these paroxysms occurring while Dr. W. was present, he immediately open-

ed the trachea with a penknife, and inserted a quill; immediate relief followed, but the child died 24 hours after, suffocation having been produced by a small bit of membrane that was found closing the *rima glottidis* like a flap.

Dr. Lyman mentioned a case of recovery from this disease that was related to him, in which both tonsils were covered with lymph, and the aspect and prognosis were most unfavorable. A friend, called in consultation, declined to perform tracheotomy, so desperate did the case appear.

Dr. H. J. Bigelow alluded to a similar case. The symptoms were all severe, and had lasted four days, there being, at the time he saw the patient, hard breathing and discoloration of the face. It was decided not to open the trachea. Recovery subsequently took place.

Dr. Cotting questioned whether the essence of the disease does not consist in something beyond the formation of false membrane, and instanced a fatal case in which no membrane was discoverable.

Dr. Lyman had been of this opinion until the occurrence of the above case reported by him.

Dr. Jackson alluded to four cases of croup reported some years since by Dr. James Jackson, in the *New England Medical Journal* (1812), in which no false membrane was found, the appearances being those noticed in acute bronchitis. He mentioned, also, a fifth, which he had no question, from the symptoms, was a case of membranous croup, and yet no trace of a membrane was found.

Dr. Oliver reported two fatal cases of diphtherite following measles, in one of which tracheotomy was performed by Dr. Coale. Although great relief followed the operation, the patient died six hours after. The two patients, each about two years old, were in the same room, this fact being interesting as connected with the contagiousness of the disease. Vapor was also employed.

Dr. Clark mentioned a case following measles, from which the patient recovered in ten days; the treatment consisting of nitrate of silver, vapor, large doses of chlorate of potash, with brandy and water, and animal broths to sustain strength.

Dr. Coale had had, in all, seven cases of membranous croup, in two of which recovery had taken place; steam, with a liberal support of the strength by diet, being the means employed.

Dr. Putnam mentioned two cases, both of which recovered under the use of nitrate of silver.

Dr. Lyman related a case that he had recently had, in which the tonsils were covered with lymph, and the constitutional symptoms very severe. Cauterization was employed, and the patient kept in an atmosphere of steam day and night; calomel and opium were administered, and the patient recovered. Some doubt was expressed whether the lymph in this case extended into the larynx.

With regard to the treatment of croup, Dr. Storer was inclined to place great reliance upon the use of medicated vapor, its action being twofold, viz., to effect the detachment of the false membrane, and to arrest its farther formation by producing a change in the condition of the mucous membrane.

Dr. Bigelow remarked that it is not always easy to determine as to what exactly constitutes croup. Patients sometimes die without the existence of the membrane, and sometimes recover where it is present.

As to the treatment, two modes have now been suggested, one by the application of nitrate of silver, the other by steam. He had seen patients recover under both methods, and had known them to die where both had been tried. Patients also recover where neither has been adopted. He remarked that he did not understand the alleged operation of steam in membranous croup, since the steam inhaled could not reach the diseased surface, being prevented from contact by the interposed coating of lymph. With regard to the nitrate of silver, he considered it impossible that the whole diseased surface, including the bronchi, can be cauterized, and therefore the benefit, if any be derived from its use, must be ascribed to contra-stimulation, causing a diversion and limit of the inflammation.

[To be continued.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 20, 1858.

MORTALITY REPORT OF SAN FRANCISCO.

The Mortality Report of San Francisco, by Dr. A. F. Sawyer, which is printed in the *Alta California* for January 20th, is a document of great interest, not only to the inhabitants of that city, but also to numbers in other parts of our country, who are more or less concerned in their welfare. As might be expected from the situation of San Francisco, its climate, and especially the character and habits of its population, some of the facts exhibited by the Report are peculiar, and show in a marked degree how far the science of vital and mortuary statistics can be made subservient to the welfare of mankind. Many sources of disease, and causes of accident and death, which might be avoided or overcome, are pointed out in this paper, and the inhabitants and local authorities will be greatly to blame if they neglect so timely a warning.

Many circumstances have concurred to render this Report less complete than is desirable, especially the want of a proper ordinance requiring complete returns of births, deaths and marriages; the labor of registration being performed voluntarily by the sextons, who are obliged to supply themselves with the proper books at their own cost. Of course, under such a state of things, the accuracy of the returns is to some extent impaired; the errors, however, appear to be those of omission rather than of commission. It is to be hoped that the next State Legislature will establish and enforce by statute a thorough system of registry of births, deaths and marriages, in which the cause of death should be required to be certified to by a medical man.

It is not our intention to go into an analysis of Dr. Sawyer's able Report; we shall content ourselves with citing a few of the results which may prove interesting to our readers. The total number of *deaths* in San Francisco for the year ending June 1, 1857, was 1153, being 73 less than for the year previously. No allowance is made for the increase of population since the preceding year, which the writer estimates at 50,000. Deducting the number of still and premature

births from the total number of deaths, the rate of mortality was 1 to 47.57 of the inhabitants ; while the rate for the preceding year was as 1 to 43.85 of the inhabitants, showing a decided improvement in the sanitary condition of the population. In comparing the ratio of mortality with that of other cities, Dr. Sawyer quotes a table recently prepared by Dr. Wynne, of New York, showing the relative rate in some of the larger cities, at home and abroad. None of these, except Lowell (which has a proportion of 1 in 50), appear so favorably as San Francisco in this respect. We do not know from what source Dr. Wynne derived the materials for his table, but he is certainly in error with regard to Boston, whose mortality he puts at 1 in 32, whereas the ratio in 1857 was as 1 in 42.95, and in 1856 as 1 in 39.

The season of greatest mortality in San Francisco is the autumn ; that of the least, is the spring. The minimum of deaths is found in June, and the maximum in July. The preponderance of mortality results from fevers, inflammatory affections and diseases of the brain and thorax, which are more prevalent during the last half of the year than the first. The same is true of Sacramento. During the past year there has been a large proportionate increase in the deaths of females over males. This is attributed by Dr. Sawyer both to an enlarged immigration of females into the country, and to a preponderance of female births. The average age for each deceased individual amounts to 22.13 years—of males, 22.95, of females, 13.75.

Among the *causes* of death, we are struck with the large number of suicides, no less than 17 having occurred during the year, among a population one fourth as large as that of Boston. Intemperance, dissolute and extravagant habits, failure in business, and especially domestic misfortunes, are assigned as the reasons for this lamentable tendency to self-destruction. "We cannot but regret," says Dr. Sawyer, "the unlimited extension of a loose moral sentiment in our midst, not confined to either sex, which allows, and too often sustains a gross violation of the most sacred domestic relations in life." The proportion of violent deaths in San Francisco constitutes about 8½ per cent. of the entire mortality. This is an extraordinary amount, when compared with the corresponding class of deaths in New York and Boston, amounting in the former city to 4½ per cent., and in the latter to 4 per cent. of the total number of deaths. *Still births* constitute nearly nine per cent. of the mortality—a large increase over the preceding year. This is partly to be accounted for by the peculiar local features of San Francisco, but the main cause is evidently the same here as elsewhere, culpable indifference to the responsibilities arising from the parturient period, not only on the part of parents, but sometimes on the part of the medical adviser, affording countenance to thousands of charlatans, who gain a living by the infamous practice of procuring abortions.

Passing over diseases of the nervous system, which, as might be expected, are very numerous in California, we come to phthisis, the deaths from which amounted, the last year, to 18.73 per cent. of the entire mortality, being fully equal to the rates of a similar mortality in other large cities. It might easily be supposed that the great mortality from phthisis could be accounted for by the immigration of those who were already victims to the disease, or who had a predisposition to it ; but Dr. Sawyer is of the opinion that in a large number of

cases the malady is acquired in California, and that its origin is to be ascribed to the continued operation of agencies such as spring from unnatural or harassing mental excitement, gross irregularities in life, and excess of manifold variety, with the physical suffering and hardship which are to some extent inseparable from active pursuits of life in California, and which act by insidiously depressing the healthy vital standard. He observes, however, that "patients who have visited the southern portion of California have experienced such decided relief, in many instances, as to lead us to hope that its climate will prove unequalled, in its restorative influences, for the consumptive. Further experience is, however, required to determine this point definitely." He regards San Francisco as an unfavorable habitat for those who are inclined to pulmonary disease.

Typhoid and *Typhus* fever in San Francisco differ from those diseases in the East in having well-marked remissions, depending, perhaps, on obscure malarious influences. Dr. Sawyer has never seen the characteristic lesions in Peyer's glands, usually observed, though others have found them. Owing, probably, to the increase in the comforts of life and to improvement in the habits of the people, the pernicious endemic fevers are less common and less fatal than formerly.

There are many other subjects of interest in this remarkable report, which we have no space to allude to. We think Dr. Sawyer cannot fail to have aroused the attention of the citizens and government of San Francisco to the importance of registration and sanitary reform.

MALIGNANT PUSTULE.

A series of articles has lately appeared in the *Gazette Médicale de Paris*, by MM. Salmon and Manoury, surgeons of the Hospital of Chatres, on the subject of the diagnosis of malignant pustule by inoculation. The subject having been lately under discussion in one of the medical societies of this city, some of the conclusions which these gentlemen have arrived at may not be uninteresting to our readers. The authors state that under the name of malignant pustule, or *charbon*, are confounded different diseases which do not resemble each other, either in appearance, in the accompanying local or general symptoms, or in severity, and that in order to determine the disease scientifically, recourse must be had to the inoculation of animals. Inoculability is one of the essential characteristics of the true malignant pustule, and consequently any similar disease which cannot be communicated in that way from man to animals ought not to be called by that name.

The characters of the inoculable malignant pustule, according to MM. Salmon and Manoury, are, its small dimensions, its umbilicated form, the black color and hardness of its centre, the irregularity of its external border, the vesicated condition of its areola, a sensation of itching rather than of pain felt by the patient, an elastic swelling of the subjacent cellular tissue, at first hardly appreciable, the extreme vascularity of the neighboring tissues, while the central part is bloodless and insensible, that rapid increase of the swelling, and lastly the symptoms of malignant poisoning, prostration, weakness and irregularity of the pulse, vomiting of bile, cold sweats and asphyxia.

The best treatment which has been hitherto tried, according to the authors, is cauterization, which is adopted by all surgeons in those

localities in which this disease is common. It may be practised with the red-hot iron, or with the potential cauteries, the most employed being potass and corrosive sublimate.

ARTIFICIAL GASTRIC FISTULA.

The *Lancet*, for April 10th, contains a report of an extraordinary case, in which an opening was made into the stomach for the purpose of introducing food, the patient being in danger of starvation from occlusion of the œsophagus, by an epithelial cancer. The patient, a man aged 47 years, was in Guy's Hospital, under the care of Dr. Habershon, who strongly advised the operation. Various modes of relief had been attempted, consisting chiefly of nutrient enemata, without effect. After consultation, the stomach was opened by Mr. Cooper Foster, with very little suffering to the patient, and without the collapse which might have been expected. The edges of the mucous membrane of the stomach were stitched to the opening in the abdominal parietes, and small quantities of food were frequently introduced. The patient became much more comfortable ; his thirst and his hunger were satisfied, and he slept comfortably for several hours. After twenty hours he was evidently sinking, and stimulants were given very freely, but with only transient effect. He died forty-five hours after the operation. It was found, at the *post-mortem* inspection, that the centre of the anterior surface of the stomach had been opened. No peritonitis existed ; the serous membrane was everywhere perfectly smooth.

Considering the condition of the patient, the operation seems hardly justifiable in this case, but we can easily imagine that it might be of great utility in cases of stricture of the œsophagus from non-malignant disease, where the patient is in danger of dying from starvation.

Massachusetts Medical Society.—We understand that at the annual meeting next week, the Middlesex East District Medical Society will offer a paper on the Veratrum Viride as an arterial sedative. This communication is made up of contributions from the experience of different members. The paper will be accompanied by specimens of the living plant, and also by *four hundred two ounce bottles* of the tincture for gratuitous distribution among the Fellows, so that the statements presented may be subjected to test. We are informed that the tincture was entirely prepared by the Society.

Other papers relating to medical science will likewise be offered at the meeting. These statements, we hope, will induce our brethren from the country to visit Boston on that occasion.

The Councillors will meet at 12 Temple Place on Tuesday evening, May 25th, 1858. The Society will meet on Wednesday, 26th, at 10, A.M., at the Lowell Institute.

The Profession and Homœopathy in England.—A meeting of medical practitioners in the neighborhood of Reading, England, was held at the Royal Berkshire Hospital, in March last, at which among other resolutions passed, was the following :—"*Resolved*, That no qualified medical man practising homœopathy shall be met in consultation." The proceedings of the meeting, with the names of those present, were published in the medical journals.

To Correspondents.—We are under obligations to many gentlemen for valuable contributions to the JOURNAL; and indeed have never been better supplied with material for publication than during the last few weeks. Let us hope, however, that this statement will not have a tendency to lessen the amount of our literary income. Good papers are always welcome—there can never be a surfeit of such.

It is now some time since we lifted up our voice in lamentation over badly-prepared copy. Not that no instances have offered until now, since our last Jeremiad; but we have borne, with the best temper we could, such inflictions, and esteemed them as perhaps salutary and suited to air our patience.

We are now constrained to speak of one or two peculiarities occasionally attaching to most highly-appreciated correspondents, in the manner of preparing their manuscripts. Sometimes articles reach us written upon sundry and manifold (and many-folded) pieces of paper; the chirography being exceedingly difficult to decipher, and not infrequently necessitating transcription by ourselves or others who have plenty else to do.

Lately, we have been favored with certain specimens of manuscript *in pencil;* one, faintly done upon tissue-paper, scarcely readable, and certainly unfit to present to the most skilful compositor. Would that those who, through haste, inadvertence, or eccentric habits, perpetrate these enormities, could, for one week only, take the place of editor or type-setter! This, *at present,* is our worst wish for them.

It certainly does not follow that because some talented writers, like Sharon Turner for instance, are monomaniacal with regard to paper, and persist in writing on dirty, angular scraps picked up at random, and even on greasy hair-papers, that others, even by a distant approach to such insane manœuvres, will add any lustre to their lucubrations. *Sapientibus verbum sat!*

Health of the City.—The healthiest season of the year is now approaching, and we are not surprised to notice the low rate of mortality (68) for the last week. There were but 2 deaths from pneumonia, and 3 from scarlatina. The number of deaths during the corresponding week of last year was 56, of which 15 were from consumption, 3 from pneumonia, and 4 from scarlatina.

Books and Pamphlets Received.—Address on the Registration of Diseases. Read before the New York State Medical Society, at its Annual Meeting in Albany, on the first Wednesday in February, 1858. By Thomas C. Brinsmade, M.D., Vice President of the Society.—Prof. Martyn Paine's Essays on Vitality and Remedial Agents.—Formulary of German Officinal Preparations, not contained in, or differing from, Wood and Bache's Dispensatory. By F. F. Mayer, Pharmaceutist.—The Sulphate of Quinia. By A. B. Palmer, A.M, M.D.—Case of Diabetes Mellitus. Treated by Joseph Jones, A M., M.D.—Fifteenth Annual Report of the Managers of the New York State Lunatic Asylum.—The Garden: a New Pocket Manual of Practical Horticulture. (From the publishers, Fowlers & Wells, New York.)

MARRIED,—In Worcester, Dr. Samuel Davis, of Sterling, to Mrs. Amy F. Hale, of Millbury.—In Darien, Wis., April 30th, J. L. Sutherland, M.D., of D., to Miss M. E. Gaines, of Framingham, Mass.

DIED,—At Pittsfield, 27th ult., Dr. William Coleman, 92.—In Chesterfield, 8th inst., Dr. Robert Starkweather, 92.—In Toronto, Dr. B. R. Church, M.P.P., of Mirickville, C. W.

Deaths in Boston for the week ending Saturday noon, May 15th, 68. Males, 32—Females, 36.—Accident, 2—asthma, 1—disease of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—burns, 1—consumption, 17—convulsions, 4—croup, 3—dysentery, 1—dropsy in the head, 3—drowned, 3—debility, 1—infantile diseases, 1—scarlet fever, 3—typhoid fever, 2—disease of the heart, 2—intemperance, 1—inflammation of the lungs, 2—congestion of the lungs, 1—disease of the liver, 1—marasmus, 1—measles, 1—meningitis, 1—old age, 1—pleurisy, 1—scrofula, 1—suicide, 1—teething, 1—throat, gangrene of, 1—thrush, 1—unknown, 2—whooping cough, 4.

Under 5 years, 28—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 14—above 60 years, 6. Born in the United States, 44—Ireland, 17—other places, 7.

Norfolk District Medical Society.—We have received the following account of the proceedings of the Norfolk District Medical Society, accompanied by a list of officers for the current year, from Dr. Edward Jarvis, of Dorchester.

The Norkfolk District Medical Socioty held its annual meeting at Dedham, on the 12th inst., and elected as officers for the year:—*President*, Dr. Henry Bartlett, Roxbury; *Vice President*, Dr. Ebenezer Stone, Walpole; *Treasurer*, Dr. Danforth P. Wight, Dedham; *Secretary*, Dr. Edward Jarvis, Dorchester; *Commissioner on Trials*, Dr. Ebenezer Alden, Randolph; *Librarian*, Dr. David S. Fogg, South Dedham; *Committee of Supervision*, Dr. Joel Seaverns, Jamaica Plain, Dr. Orlando Brown, Wrentham. *Councillors*, Dr. Henry Bartlett, Roxbury—Dr. Benjamin E. Cotting, Roxbury—Dr. Joseph G. S. Hitchcock, Foxboro'—Dr. Christopher C. Holmes, Milton—Dr. Edward Jarvis, Dorchester—Dr. Alexander L. B. Monroe, Medway—Dr. Josiah Noyes, Needham—Dr. Stephen Salisbury, Brookline—Dr. Ebenezer Stone, Walpole. *Censors*, Dr. Simeon Tucker, Stoughton—Dr. Erasmus D. Miller, Dorchester—Dr. John S. Flint, Roxbury—Dr. Ebenezer P. Burgess, Dedham—Dr. Benjamin Mann, Roxbury.

Dr. John P. Spooner, of Dorchester, gave a very candid and instructive address "On the various methods of healing Diseases."

The Society voted to hold four meetings in each year hereafter, and have discussions on such subjects as may be previously selected. Eight members are to be appointed to prepare short papers on the subjects selected, and read them at the meetings, and general conversation to follow.

This was one of the fullest and most earnest meetings ever held by this Society, and the members manifest yearly more and more interest in these gatherings.

Bristol South Medical District Society.—The annual meeting of the above Society was held at New Bedford on the 12th inst., when the following officers were chosen for the ensuing year:—*President*, Dr. Wm. A. Gordon, of New Bedford; *Vice President*, Dr. Robert T. Davis, of Fall River; *Secretary*, Dr. C. D. Stickney, of New Bedford; *Treasurer and Librarian*, Dr. J. H. Jennings, of New Bedford; *Councillors*, Dr. Andrew Mackie, Dr. Wm. A. Gordon, of New Bedford; Dr. Foster Hooper, of Fall River; Dr. W. W. Comstock, of Middleboro'; Dr. John Pierce, of Edgartown. *Censors*, Dr. W. E. Sparrow, Mattapoisett; Dr. Geo. Atwood, of Fairhaven; Dr. Stickney, Dr. J. H. Mackie, of New Bedford; Dr. J. Dwellie, of Fall River. *Commissioner on Trials*, Dr. Foster Hooper, of Fall River. *Committee of Arrangements*, Dr. Eben T. Learned, of Fall River, Dr. J. H. Jennings, of New Bedford, Dr. Jerome Dwellie, of Fall River.

The address was delivered by Dr. John H. Mackie, of New Bedford, who took for his subject—"Quackery in the Medical Profession."

On motion of Dr. Hooper, of Fall River, a vote of thanks was tendered to Dr. Mackie from the Society, for his able and interesting discourse. The members then proceeded, after the adjournment, to the Parker House, where an excellent dinner was served up in the well-known style which has given that popular hotel so wide spread a reputation.

The next two meetings of the Society, in November and May, will be held in Fall River. The orator selected to address the next annual meeting is Dr. John Pierce, of Edgartown.

Substitute for Anæsthetics.—In the *Dental News Letter* for April, Dr. J. D. Wingate proposes essence of cloves in place of anæsthetics in operations. He administered it about twenty drops at a time in several cases, producing anæsthesia to a certain extent. On some persons it had little or no effect. Before forming an opinion, it will be necessary to have tried this article in many cases. If it should prove successful in the majority of cases, its cheapness, freeness from dangerous effects, &c., will cause it to be adopted to a great extent, and by many who have hitherto feared to use ether, &c.—*Medical and Surgical Reporter.*

A Novel Application of Chloroform.—Dr. Hans Zocher has discovered, by means of the sleep produced by chloroform, the deceit practised by a pretended mute, who attempted to quarter himself upon the cantonal hospital at Munsterlingen, during the winter under this false pretence. A full dose of chloroform betrayed his power of speech; his involuntary vociferation was of the most distinct and articulate character.—*London Lancet.*

THE

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CASE OF PURPURA HÆMORRHAGICA.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

THE child of E. H. T. was to all appearance perfectly healthy at the time of birth, Dec. 2d, 1857. Up to Dec. 15th nothing peculiar was observed about it, the secretions and excretions seeming normal; it nursed heartily, and slept well. On this day, a red spot was observed under the left angle of the jaw. I saw him Dec. 16th, in the morning. The red spot had disappeared, but there was a slight yellowish tint of the skin, and a spot about the size of a dime over the external condyle of the right humerus. This spot was purplish, and apparently, to the touch, raised. There were a few aphthæ about the lips. A scruple of chlorate of potassa was directed to be given in the course of the day, in sweetened water. On the 17th, at 9, A.M., I was called in haste to see him, and received the following account. About half an hour before, he being asleep, the parents remarked that the skin had lost the yellowish tint of yesterday, and the spot on the elbow had vanished. Within five minutes he awoke, and began to cry, and, while crying, the mother observed him gradually becoming black, and sent for me. When I arrived, he was lying upon the nurse's lap, apparently free from pain. His color was as dark as that of any mulatto. The color was not bilious, neither was it the purple of a "blue" baby, but of that peculiar cast which would have caused it to be mistaken for a negro child, such as is usually seen in this city. When made to cry, the color deepened. The lips, tongue and gums were almost inky black. He would nurse for a few minutes at a time. There was no panting, but the respiration was natural, and the pulse regular and normal. The skin was neither abnormally cold nor warm. Cutis anserina about the shoulders. A dejection just passed was of a golden yellow and well digested. The urine had stained the diaper of a dirty brown. On the diaper, and not mixed with the

fæces, was a mass looking like blood which had been mixed with a mineral acid and partially dried, or as much like moistened snuff as anything to which I could compare it. Inside of both thighs were twenty or thirty raised black spots, not more than a twelfth of an inch in diameter, evidently purpuric, and two or three more on different parts of the face. The umbilicus was not perfectly healed, but there was nothing more from it than a slight purulent oozing. Eyes not yellow. I administered an enema of starch, and sent for Dr. John Ware. The enema brought away a golden yellow discharge, but no more blood. Dr. Ware did not remember having seen any similar case. Up to 1½, P.M., the child nursed twice, had another natural-looking discharge from the bowels, and wet two diapers of a dirty color, darker than before. The one upon the child was taken away, and I found another of the snuff-like masses covering the end of the penis and in part lying under the prepuce. This I removed with a pair of small forceps, and there was at once a jerking discharge of urine, less than a drachm of which was caught in a teaspoon. The color was like that of strong coffee. Dr. Calvin Ellis, who examined both the fluid and solid microscopically, says: "The dark-colored dry mass and the fluid contained nothing but masses of granules or minute globules. If this originated in blood, there was no evidence [microscopic?] of it." Dr. John Bacon, who made a chemical examination, was of opinion that it was altered blood. The quantity which was sent to him was small and upon the cloths.

The child nursed well at night, when I saw him with Dr. J. M. Phipps. Through the night he was restless, but nursed. On the 18th the color was perhaps less deep. The purpuric spots on the thighs diminished in size, and that on the elbow almost disappeared. The conjunctival membrane still remained free from yellow cast. At 4¾, P.M., he was evidently dying. While examining him, the mother called my attention to a gradual change of color to a yellow hue, which commenced from under the left arm, passed forward so as to include the left nipple, up the left side of the neck, and down the left arm and forearm. There had been two dejections of perhaps a tablespoonful of dark-brown fæcal matter. He died, almost imperceptibly, at about 5, P.M. At 10½, A.M., of the following day, rigor mortis was beginning in the extremities. The color of the surface was like that of a person who has for a long time taken nitrate of silver.

The mother of this child had a short labor and had been well after it; she nursed without difficulty, and had abundance of milk. Her husband is in robust health. This was their third child. During the pregnancy, the mother was perfectly well and free from nausea, even. Their second child, born in February, 1855, is still living in perfect health, and weighs 37 pounds. Their first was born in April, 1851, and, though apparently healthy at birth, died of trismus on the same day.

DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER IN GREAT BRITAIN, DRAWN FROM ORIGINAL OBSERVATIONS.

[Continued from page 313.]

In a previous number of this Journal I have detailed, with some minuteness, an instance illustrating the ordinary course of this fever as seen in England, in a mild form, and free from any considerable complications. The cases of Doolan and Hilton, here adduced, are similar in character. In the next after, the disease will appear as manifested in severer degree, but terminating still in convalescence and recovery. The sketch or skeleton of the next case is this:—

Case II.—In a man, aged 40, living under unfavorable hygienic conditions—more or less exposed to the fever, were experienced rigors—heat—pain in the back and limbs—nausea and thirst; followed by moderate prostration—mental confusion—slight subsultus—suffused eyes—coated and dry tongue—a faintly-marked, abundant, reddish rash, appearing on the fifth day—hot and dry skin—no chest symptoms—abdomen natural—pulse, 64 to 128—subsidence of symptoms on or about the twelfth day—convalescence synchronous with disappearance of spots on the 14th—no severe symptoms—no complications or sequelæ—rapid recovery. In detail, as follows:—

Michael Doolan, a strong laboring man, 40 years of age, was admitted to the London Fever Hospital, in charge of Dr. Southwood Smith, on the 1st day of June, 1853, having been ill six days.

Previous History and Circumstances.—This patient has lived the past twelve months in Ham Yard Court, Great Windmill St., a place by no means accessible to light and air. He is one of a family of three persons occupying the same room. There are four other families in the house, which is not large. Two persons in this house are now ill with the fever. Several others in the same yard have recently been down with the disease.

Present Attack.—He stated, when admitted, that in the night of Thursday, 26th May, he had pain in the head, joints, limbs and back, with alternate fits of heat and cold and much shivering. Next morning he went out to his work, as usual, but returned in the middle of the day with increased suffering. There was much aggravation of all the previous symptoms, with intense heat of surface, nausea, and urgent thirst. He got a dose of senna and salts; his bowels had previously been costive. On Monday following, the rash was observed faint, of a reddish hue, pretty generally diffused over the arms, chest and legs. He was brought to the Hospital on Wednesday, 1st June. At this time (says the Hospital register) he had no headache, but only a sense of heaviness; mind confused, general powers good. He had great thirst, anorexia, a slightly furred tongue; a pulse of 120, of good power and volume; dry and hot skin; well-marked rash. Four stools, from oil, since admission.

June 3d.—He came under my inspection. Mind still confused; thinks he has been in the Hospital a week. Slept ill, starting and moaning during the night; "feels heavy," but complains of no headache; general powers good, yet unable to leave his bed. He has anorexia and much thirst. His tongue is slightly coated, dry and fissured. Some cough; breathing regular; abdomen natural; bowels free; pulse 120, compressible, of good power; skin hot and dry, abundantly covered with a light rash, of pinkish hue. Mist. acetat. ammon.; Vin. alb., ʒ iv.

4th.—Slept pretty well, but rambled and moaned at night. There is slight subsultus about the muscles of the face; eyes suffused; tongue thinly coated (not furred), dry and hard, red and clean at edges. Respiration 38, regular. Abdomen natural, no pain or tenderness on pressure; two stools, natural; pulse 128, rather full, a little hard, regular; skin dry and hot; pungent odor of surface; some appetite; much thirst; spots darker in hue, but not livid, more persistent on pressure, some few inclined to be petechial. To have the strong fever-mixture of the hospitals, *i. e.*, ammoniæ sesquicarb. gr. v.; mist. camphoræ, ʒ iss. M. ʒ i. quâque 4ta horâ. Also, beef-tea, Oi. per day. Sherry wine, ʒ iv.; gruel, milk and water *ad libitum.*

6th.—My notes show no change of consequence yesterday, except a fainter manifestation of the rash. To-day, complains of no pain; still some moaning at night; face expressive of apathy; eyes less suffused; tongue still dry and cracked, very red (color of raw beef), at edges and tip. Resonance of chest good; some little cough and natural expectoration; respiration 28, easy and free. Two stools, inclined to be watery; urine free; pulse 100, regular, of good strength and volume. Strong fever-mixture continued. Wine, ʒ viij.

7th.—Slept well; general appearance better; intelligence pretty good; eyes clearer; tongue less dry, protruded without difficulty, cleaning; slight cough, no expectoration; resonance good; respiration 32, regular; pulse 88, strong, full; skin less hot; spots not abundant, light colored, most apparent on abdomen, where they appear imbedded in the substance of the skin. Treatment, *ut heri.*

8th.—Improved in appearance; still a little confused on waking; talks a little at night. Tongue clean, except a strip along the middle; no chest symptoms; two natural stools; skin soft and moist; pulse 96, full and of good strength; spots vanishing.

This, it will be seen, is an example of the fever in its mildest form, wholly uncomplicated, and without anomalies. It is selected on this account, and is, in every respect, a model case of its kind. On the 9th June (the fourteenth day of the fever), convalescence was established, as will appear from the following notes, then made. Slept well and naturally, last night; face brighter; eyes clearer; tongue cleaning, slightly covered with a thin, almost white fur,

edges and tip natural; skin cool and moist; spots barely noticeable, of a pinkish hue—mostly, but a few, dark and persistent, remain on abdomen; belly natural, two stools; urine free, natural; no thirst; appetite gaining; pulse 68, natural. On the 11th, the tongue was again a little dry and brown; pulse 64, full and calm. He had been indulging his appetite rather freely. On the 12th, the pulse had risen to 76, was regular and natural; the tongue moist and clean. His recovery was regular, rapid and complete.

Case III.—After exposure to the contagion of fever—preliminary symptoms, more or less severe; followed by mulberry rash—flushed face—hot, dry and dusky skin—suffused eyes; tongue at first brown, dry, cracked, swollen, then creamy—sordes—somnolence—muttering—dulness of intellect—deafness—respiration 30 to 40—slight chest symptoms—pulse 68 to 112—no noticeable complications—no sequelæ—convalescence—recovery.

John Hilton, a blacksmith, 22 years of age, was admitted into the London Fever Hospital, in charge of Dr. Southwood Smith, on the 3d June, 1853. He was brought from a "house of detention," where, it is stated, others had been ill with the fever. He is a native of London—is said to have been six or eight days ill, previously to his admission to the Hospital.

Saturday, June 4th.—When my first notes in this case were made, he had flushed face; a dry, hot and dusky skin; suffused eyes; dry, cracked and swollen tongue; sordes. He had, according to report, slept but little, and moaned and talked at night. His intelligence is dull, mind confused—thinks he has been in the hospital a week. Respiration 40, interrupted and laborious; dry cough; abdomen flaccid; four liquid stools in bed; urine in bed; pulse 112, regular, soft, compressible; spots well diffused. He is taking the strong fever mixture of the hospital, ʒ i. quâque horâ 4ta; Vini, ʒ vi.

5th.—He has passed an unquiet night, dozed rather than slept; moans and talks incoherently; is dull and stupid; eyes injected; face fuliginous; tongue dry, fissured, brown, almost black coat over the whole of its upper surface, extending to its edges and tip, but flanked by a creamy fur on each side, peculiar; sordes on teeth and lips; some cough, with occasional sighing; sensitiveness of surface, marked and pungent odor; spots appear to be raised, and are sensible to the finger, partly disappear on pressure. Wine, ʒ vi. Strong fever-mixture. Beef-tea, milk and water *ad libitum.*

On the 6th my memoranda are brief, and as follows: a good night; tongue still crisp and dry in centre, creamy at the sides, offering same peculiarities as yesterday; respiration 40, regular; coughs more; stools in bed; urine in bed; pulse 100, regular; spots can be felt by passing the finger lightly over the surface; senses dull; deaf. Treatment, *ut heri.* Patient is reported to have slept on the following night. Next morning (June 7th), ap-

peared brighter; better intelligence and powers; still deaf, says he was not so before the present illness. Tongue moist, loaded with a heavy creamy coat, cleaning at tip and edges. Breathing regular, 32; less cough, expectorates easily; resonance good; abdomen natural; urine high colored, thick, sedimentous; pulse 100, regular, weak; skin cool, soft; spots fainter, pinkish in hue, disappear on pressure; surface losing its dusky hue. Treatment the same.

8th.—Has slept none; mind unsettled—he was somewhat wild in the night, and left his bed several times. Is now quiet; eyes clear; tongue is protruded with difficulty, tremulous, moist, otherwise as yesterday; no chest symptoms; abdomen natural; two stools, light and watery; urine less thick, amber-colored; skin moist; spots less noticeable, some remain on abdomen which can be felt.

9th.—Slept well, says the nurse, "and no muttering or rambling." Is sleeping also at time of visit; lies now for the first time on his side. Suddenly waked, he is somewhat flighty, but becomes speedily conscious; deafness continues; tongue is protruded with some difficulty, moist, still covered with creamy coat, mostly confined to centre and base. Respiration 32, easy, regular; no cough; abdomen natural; two stools, out of bed; urine out of bed; rash is lighter, confined more to abdomen, and persists on pressure; skin still rather hot; thirst. No alteration of treatment.

On the 11th, this patient was convalescent, as appears by the following notes: Slept well; eyes clear; tongue clean at edges and tip, its thin and creamy lining more confined to the base; respiration easy and natural; pulse 68, natural; powers and intelligence (such as it is) good; skin is moist, cool; some appetite; no thirst; spots gone. This is a case of fairly medium severity, and is the less valuable as a record, since it was not seen at the onset of the disease, and the natural stupidity of the subject was such as to preclude all chance of any reliable history of his previous condition.

Case IV.—A woman, in previous good health—exposed to contagion of fever—vomiting—pain in head, back and limbs—rigors—heat—thirst—florid rash observed on sixth day—flushed face—suffused eyes—loaded, dry, brown, cracked, swollen tongue—sordes—pungent odor—respiration 24 to 44—moderate cough—slight tympanitis—drowsiness—stupor—mutterings—delirium—pulse 100 to 130, regular, compressible—disappearance of spots on the thirteenth day—of fever on or about sixteenth day—imperfect convalescence—obscure, but unimportant complications—recovery.

Emily B., a stout, well-formed woman, about 18 or 19 years of age, from High Holborn St., came into the wards of the London Fever Hospital, Wednesday, June 3d, in charge of Dr. Southwood Smith.

Previous History and Condition.—Is one of a family of fifteen

children. Her mother was "a sickly woman," and said to be "inclined to consumption." Several of her brothers and sisters have indicated a tendency to the same disease. Represents herself to have been in sound health previous to this attack. She was born and has always lived in London. Mode of life and habits questionable. Says she has been exposed to contagion, having been several times present with a person ill of the fever.

Present Attack.—She states that on Sunday, 29th May, she was taken suddenly with vomiting, headache, pain in back, limbs, joints, bones, &c., but kept about till the next day. On Tuesday, thinks she had less headache, but more pain in back and limbs, with rigors, heat, thirst. Her bowels had been moved by a cathartic previous to admission. On Wednesday, the day of admission, and the day following, she is reported to have had an aggravation of all these symptoms, with the exception of headache, which was but trifling. She first came under my notice on

Friday, June 5th—sixth day of fever. Patient has now no headache, but much pain in bones and limbs. No perversion of special senses; powers feeble, unable to leave the bed. She has slept ill; her face is flushed; eyes much suffused; tongue dry along the middle, inclining to crack, its edges lined with moist, white fur; light sordes on teeth and lips; chest natural; a little cough; bowels have been natural; four stools by oil; urine free; pulse 130, regular, soft, compressible; rash florid in hue, appearing over whole body, disappearing under the finger. Is taking the strong fever-mixture of the hospital, *i. e.* ammoniæ sesquicarb. gr. v., mist. camphoræ, ʒ iss.; one fluid ounce every four hours; also wine, four ounces per diem, gruel, &c.

6th.—Is reported by the nurse to have slept but little; was restless and talkative during the night; special senses good; powers weak; no headache; less pain; face flushed, dusky; tongue dry, hard, fissured, still furred on its sides; sordes on teeth and lips; breath fœtid; complains of bad taste in mouth; a little pain in throat; swallows with difficulty; respiration 40, somewhat irregular and difficult; chest, on auscultation and percussion, natural; some cough; abdomen slightly sensitive to pressure, no tympanites; one stool, natural; urine free, natural; pulse 120, regular, weak, compressible. The rash is more abundant, florid, generally diffused, disappears under the finger; skin is neither very hot nor dry, exhales a pungent, offensive odor; patient lies on her back, moans and tosses. There is considerable nervous and muscular agitation. To continue strong fever-mixture; wine, six ounces per diem; beef-tea, milk and water *ad libitum.*

7th.—Has had but little sleep during the night; moans at times; intelligence somewhat obscured; powers pretty good; decubitus easy; memory perverted, thinks she has been in the hospital two weeks. Complains of no pain; eyes much suffused, conjunctivæ injected; very bad taste in mouth; tongue is dry and hard, coat

thicker along the middle, edges and tip clean; less sordes on lips; face less flushed; respiration 44; some cough and expectoration at night; resonance good; bowels a little tympanitic; no stool; urine free, light, deposits a slight sediment; the skin is not very hot; spots fainter on arms and chest, more marked on abdomen; pulse 116, soft, compressible, regular. There is approaching stupor manifested on withdrawal of attendance and questions; some twitching of the tendons at the wrist. To continue treatment.

8th.—Patient is reported to have slept but little during the night; moaned and talked incoherently and incessantly; at times intractable. Was sensible when roused for her medicine. She is now lying on her back, breathing heavily, with marked stupor; can be readily roused, but immediately relapses into a doze. Eyelids not quite closed; cheeks have assumed a dusky hue; tongue dry, fissured, its middle hard, thick, swollen, shiny at tip; respiration 24, inclining to stertor; skin very hot, but moist, tawny; spots fading, still abundant, most apparent on abdomen; pulse 116, soft, regular, compressible. Treatment, *ut heri.*

9th.—Is reported to have been in a state of high delirium from 7 o'clock till 11, last night, since which has slept at intervals; power completely prostrated, lies as she is placed, unresistingly; is now dozing, with eyes half closed, showing a segment of the white; conjunctivæ (as much as can be seen) injected; tongue dry, thick, swollen; teeth and lips loaded with foul, black sordes; face dusky, fuliginous; respiration, which during the night is stated to have been "quick and gasping," is now easy and quiet, 32. She had taken, this morning, ol. ricini, ʒ ss., which has produced a copious evacuation. Urine free, sedimentous; spots generally diffused, but faint, do not wholly vanish under the finger, most abundant on abdomen. There is very marked stupor, patient being roused with difficulty; thirst urgent; throat very dry, she breathes only through the mouth; pulse 112, a little harder to the feel. Strong fever-mixture; wine, ʒ iv. per diem; beef-tea, milk and water *ad libitum.*

10th.—Slept the greater part of the night; talks and moans a little in sleep; intelligence better; some deafness; eyes clearer, less suffused; complains of no pain; decubitus dorsal; face clearer; tongue dry, cracked and swollen, covered with thick crust, edges and tip clean; less sordes on teeth and lips; respiration 40, regular, accompanied by some moaning; no chest symptoms; abdomen natural; three stools, scanty, passed sensibly; skin hot and dry, exhales a pungent and peculiar odor; spots disappearing; pulse 112, regular, soft, compressible; no appetite; much thirst. To continue treatment.

11th.—Is reported to have slept well, without moaning; is more intelligent if roused, but a disposition to stupor continues; face brightening; eyes less suffused and injected; tongue protruded with difficulty, dry, black, swollen, covered with thick crust; pa-

tient appears to breathe wholly through the mouth; sordes on teeth and lips moderate; respiration 36, somewhat irregular; chest signs good; a little loose cough; abdomen natural; one stool; urine free; skin less hot, but dry; spots barely noticeable; complains of no pain; thirst urgent; pulse 104, regular, of moderate volume.

12th.—Is reported to have slept well; appears this morning brighter, more intelligent, face and eyes clearer; complains of no pain; tongue less swollen, hard and dry along the middle, red at tip and edges; a brown sordes on teeth, moderate in amount, a little on lips; chest resonant; a little cough; abdomen slightly tympanitic; one stool, dark, scanty; urine plenty, free, light colored, not wholly clear; skin moist and cool; spots disappeared, except from abdomen, where they may still be discerned; pulse 100, regular, of moderate strength and volume; there is still some inclination to stupor, patient requiring to be roused to answer questions intelligibly. Same treatment.

13th.—Patient has slept well, though a little muttering at night; eyes clearer; tongue thickly coated with brown fur, less dry, edges and tip natural; teeth and lips free from sordes; respiration 48, easy and regular; patient complains of cough; no expectoration; no noticeable chest symptoms; moans a little in breathing; abdomen natural; one stool, lighter, scanty; urine is plenty, natural; spots not noticeable; pulse 100, regular, soft, of good volume; there is no appetite; urgent thirst; intelligence unimpaired; some inclination to stupor and drowsiness. Continue treatment.

On the 15th my notes are as follows: patient now appears perfectly sensible; intelligence and general powers good; lies on either side at will; can get out of bed; tongue is cleaning, but still coated at base; teeth and lips natural; no appetite; much thirst; skin cool, moist; respiration easy, natural; cough is inconsiderable; no expectoration; one stool, watery, out of bed; urine free, high colored; pulse 100, regular, compressible. These are my last notes in this case. The fever is now gone; the patient cannot, however, be said to be fully convalescent, some obscure, but not important complication existing, as manifested by the rapid pulse, the still coated tongue, thirst, and absence of all appetite. I had no farther opportunity to observe the case.

On the Discrimination of Albumen.—The detection of albumen in urine is very simple. A small quantity of the urine is to be heated until it boils, in a test-tube, over the flame of a spirit-lamp. As soon as the temperature of the liquid becomes raised over 170° Fahr., the albumen will become coagulated; and if the test-tube be set aside for a time, it will become deposited, when it may be collected, dried, and weighed. The precipitate albumen is soluble in solution of potash, but insoluble in nitric acid.—*Dr. Hassall's Lectures.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Tracheotomy in Croup. (Continued from page 323.)

At a subsequent meeting (May 10th) Dr. Cabot stated that since the report of the case by Dr. Ellis, he had performed tracheotomy in two instances, in both of which the disease terminated fatally. In another case of croup to which he alluded, the patient was aphonic until just before he saw it, in consultation, four or five days after the attack. At this time the voice had returned, several portions of false membrane having been expelled. The result he had not learned.

In answer to Dr. H. J. Bigelow, who asked what he would consider an indication for the operation of tracheotomy, Dr. C. said that he should generally wait until the case had become desperate. The surgeon must necessarily be guided by the feelings and wishes of the patient's friends, who are too apt to regard the operation as a formidable one, and are hence opposed to its performance until the case is past hope, and even then to attribute to it the fatal termination. In a child of his own, he would operate earlier than in another.

If the progress of the disease and the formation of false membrane be rapid, he should have little confidence that the operation would do more than afford temporary relief, by allowing the free access of air to the lungs; one effect of which is also to counteract the depression that constitutes so dangerous an element of this disease, and thus remove one obstacle to recovery. He alluded to the proportion of favorable cases of tracheotomy, as given by Trousseau, this being about thirty per cent.

Dr. Lyman thought this operation unlikely to prove successful where the membrane extends below the cricoid cartilage. He was of opinion that the proportion of favorable to unfavorable cases that have been here reported is as large as that given by Trousseau.

Dr. Bigelow made a distinction between cases of croup in adults and in children above 6 years old, in which he would not hesitate to operate, and in children under that age.

Dr. Gay said that the membranous formation may appear primarily in the bronchi and ascend to the trachea, larynx and fauces. In all such cases tracheotomy holds out scarcely any hope of relief, temporary or permanent. Again, it may appear primarily in the trachea or larynx, and subsequently in the fauces; tracheotomy in such cases may save the life of the patient. Or, the membranous formation may show itself primarily in the fauces, and descend into the larynx. It may stop here or descend still further into the trachea and bronchi. When the membrane is limited to the fauces and larynx, he saw no reason why tracheotomy should not save life. The chance of success must be less, the further the membrane has descended. Again, the membrane may be wholly confined to the larynx, without any deposition of it in the fauces, trachea, or lungs. In such a case tracheotomy offers every chance of success.

If a patch of membrane is seen upon the tonsils or any part of the fauces of a patient with the symptoms of commencing croup, and those symptoms increase in severity, particularly if the respiration becomes more and more obstructed, there is a strong presumption of

the formation of membrane in the larynx, and an early and immediate operation is indicated. An early operation seems also justifiable, even if no membrane has appeared in the fauces, when decided croupy symptoms, of a grave character, show an evident progress and increasing severity.

The operation of itself very rarely hastens death or causes unnecessary suffering to the patient, even in those severe cases where, from the extent and locality of the disease, death must inevitably follow. On the contrary, the relief to the respiration, the congested condition of the lungs and other distressing symptoms, is often very marked, and where death does follow, it follows more easily and quietly. The operation is by no means always followed by bronchitis or pneumonia, and when present the case is not necessarily fatal, though the danger is greater. Tracheotomy, as a last resource, finds the patient almost asphyxiated or moribund, and the almost inevitable result is unquestionably hastened by the extent and locality of the membrane, and the mechanical obstruction which it presents, the congestion of the lungs, and the action upon the brain and system generally of the imperfectly oxygenated blood.

Auscultation alone will not furnish, in most cases, any precise information as to the locality or extent of the membranous exudation in the lungs, as the noisy and labored respiration acts strongly in masking and rendering indistinct any respiratory murmur. Percussion and rational signs may help somewhat in determining the condition of the lungs.

Dr. Gray considered that the great relief to the patient, even should the operation prove unavailing in preventing a fatal termination, warrants its performance, and alluded to a case in his own practice in which, although the patient survived only twenty-four hours, the relief was most marked.

Dr. Lyman remarked that the opinion that had been expressed by English physicians, that death, occurring after tracheotomy in croup, is due to the supervention of pneumonia, would hardly be borne out by the cases that had been recently here reported.

Dr. Jackson remarked that the situation of the false membrane has a very important bearing on the question of tracheotomy. He had never seen any statistical record on this point; he would say, however, from recollection, and in regard to the dissections that he had made in cases of membranous croup, that the membrane is always found to extend over nearly, and, he believed, the whole mucous surface of the larynx, closing up the ventricles, and often lining the under surface of the epiglottis, at the edge of which last it generally stops very abruptly. In one, and perhaps two cases, it has just extended into the upper part of the trachea and there ceased; in a majority of cases, it has ceased toward the lower end of the trachea; not infrequently, it has extended into the larger bronchi; and, in a few cases, it has reached many of the smallest tubes that could be examined with common instruments; the small bronchi, in these last cases, being very generally throughout the lungs quite free from membrane. In the pharynx, the membrane has often been found, sometimes appearing early, sometimes late, and sometimes not at all so far as observed.

The disease has sometimes been called tracheitis, and the membrane has been said to be first formed in the trachea, and to extend from thence upward and downward. Dr. J. believed that an anatomical

mistake may have been committed upon this point; the membrane being so much thinner, and so much more adherent, not to say firmer, in the larynx than it is below, its presence might well be overlooked in some cases, and the transparent and very tenacious secretion that is often found in the pharynx and larynx, and which forms so important an anatomical element in the disease, being sponged from the inner surface of the larynx, we may mistake the false membrane for the mucous membrane.

Dr. H. J. Bigelow believed that this operation affords slight hope of recovery from croup in young children. The statistics of Trousseau, so frequently cited in its favor, have not been confirmed by the experience of other practitioners. Upon this point he quoted the late edition of Erichsen's Surgery as competent English authority. "In no instance have I [the author] as yet succeeded in eventually saving a child by this operation; and I think that the general experience of surgeons in this country is unfavorable to its performance. Trousseau, who strongly advocates tracheotomy in croup, has, however, published a large number of successful cases in favor of this proceeding. But even in Paris it is not a very successful procedure; thus it appears that at the Hospital for Sick Children in that city, the operation has been performed 215 times in the last five years, and that of these only 47 were cured. Unless we assume that the disease, as occurring in Paris, is different from the form of croup we meet with here, I think it may fairly be doubted whether an operation could be necessary in many of these instances, and whether a large proportion of the children might not have recovered under ordinary medical treatment."*

Dr. B. doubted whether the small percentage of success in operations upon young children in this neighborhood, was greater than that of recovery in bad cases without operation. Trousseau had formerly assured him that even in his successful cases he had operated only as a last resort. Dr. B. did not believe that an earlier resort to operation would arrest that extension of the disease into the lung, to which a fatal termination is usually due, provided the child lives long enough. He referred, however, to the Society's Records for 1853, where, with the details of an exceptional case, with an unusual amount of mechanical interference, he had expressed himself, on the whole, in favor of the operation; but subsequent results have not greatly encouraged this view. Apart from Trousseau's statistics, the arguments may be thus stated:

FOR OPERATION.	AGAINST OPERATION.
The admission of air and the resulting economy of strength.	There is no evidence that this retards the extension of the inflammation to the lungs.
Abatement of suffering.	It is difficult to keep the inner tube, and the trachea just below it, free from obstruction by lymph, &c., and severe suffocative paroxysms occur. The suffering may also be relieved by opiates.
Prolongation of life.	In some cases this is unquestionable, but generally not to be desired if the disease is to terminate fatally.

* Erichsen's Surgery, second edition, 1857, p. 759.

Without it, the patient may be strangled by disease almost confined to the larynx.

Rarely; and in such a case it is generally difficult, if not impossible, to affirm the sound state of the lung from physical exploration, or in any way to get satisfactory evidence that the disease is confined to the upper part of the trachea, so as to indicate the propriety of operation on that ground.

In conclusion, the results do not furnish much encouragement, and Dr. B. considered the operation, in the case of young children, optional with the friends, rather than one to be advised by the surgeon.

Bibliographical Notices.

Tendency of Misdirected Education and the Unbalanced Mind to produce Insanity. By Edward Jarvis, M.D. Reprinted from the American Journal of Education for March, 1858. Pp. 22.

Dr. Jarvis states it to be "the true purpose of education to draw out, cultivate and strengthen the mental and the moral powers, and to subdue and discipline the appetites and passions;" the result arrived at being a *well-balanced mind*, which consists in the "due development of each and all the mental and moral faculties, and their proportionate and harmonious action."

The essay then points out in what ways, and by what means, the balance of the powers above mentioned is disturbed in some, even within the limits of what is usually called sanity. In conclusion, Dr. J. says, "From all these causes [of disturbed mental or moral equilibrium] singly or combined in many complications, there arise manifold varieties of waywardness, which we meet, in some form or other, in every society. In all these persons the balance of mind is more or less disturbed, and the soundness of judgment more or less vitiated. From all proceed at times, opinions, language, or acts, that, taken by themselves, would be deemed insane." * * * * "They are all travelling in that road everywhere strewed with error and failure, and where insanity often lies."

Nothing is said, in Dr. Jarvis's paper, of the importance of exercising the physical powers, as necessary to the development of the psychical forces. This is the point which, it seems to us, College Faculties and School Committees need to have forced upon their attention.

L. P. Jr.

Journal de la Physiologie de l'Homme et des Animaux. Publié sous la direction du Dr. E. Brown-Sequard. Paris: Chez J. B. Baillière et Fils. 1858. No. 1. 8vo. Pp. 216.

The appearance of a new journal devoted to the department of Physiology, and conducted by so eminent a physiologist as Dr. Brown-Séquard, is an event in the annals of medicine, and one of special interest to America, from the fact that the editor is an American citizen, and that he has contributed largely to American periodicals on the subject of his discoveries. We believe that the first number of the new journal will be found to answer the expectations of the scientific

public. It contains a large number of original articles on various physiological subjects, by the editor, M. Ch. Robin, M. Ch. Martins, Bence Jones, M. Bloudlot, and other eminent physiologists. A translation of a paper by Dr. F. G. Smith, which originally appeared in the Philadelphia *Medical Examiner*, also forms a part of the first number. It is an account of a series of experiments in digestion, made on Alexis St. Martin, and is an important contribution to our knowledge of the functions of the stomach.

The second part of the work is a chronicle of physiological science, containing articles on various subjects. We notice an abstract of an article by Mr. D. Buxton, from the Liverpool *Med.-Chir. Journal*, on the *hereditary transmission of deaf-mutism*, in which it is stated that the offspring of two individuals, affected with this condition, are seven times more likely to be deaf and dumb, than is the case when one parent only is affected.

We need not say that we heartily recommend Dr. Brown-Séquard's Journal, as likely to be one of the leading periodicals of the world in the department of physiology. The agent for this country is Mr. H. Baillière, 290 Broadway, New York.

Christianity in the Kitchen. A Physiological Cook Book. By Mrs. Horace Mann. Boston: Ticknor & Fields. 1858. Pp. 189.

At first the leading title of this book somewhat puzzled us; but, upon a little reflection we decided that, as it is well to carry Christianity into everything in daily life, it is especially needful that the Christian graces be brought to bear in a department of household duty which often involves so much severe trial to the mistress of a family. To be sure it is very difficult to let the full effulgence of the said graces beam out as it should in the midst of the ignorance, doggedness, stupidity, carelessness and impertinence, which, alas! are too commonly the characteristics of servants in this progressive century. However, these things being so, there is all the more need of "Christianity in the Kitchen."

We have personally been more interested in the Preface than in perusing the receipts, &c., which duty we have delegated to one "who knows"; and our opinions of the formulæ will be gauged by the verdict rendered.

To come at once to the point, we like the book, and would express the hope and belief that it will have an extensive sale. Had not its intrinsic merits been apparent, it would never have rejoiced in its present worthy publishers. We will warrant they know what is good and wholesome gastronomically, as well as what is healthy in the book-trade. May their tables always be as well filled and as handsomely garnished as at present!

We will hazard one or two suggestions semi-critical of portions of the Preface—an important part of this, as it should be of every book. When Mrs. Mann says that "chemical analysis should be the guide for the cookery book," we can only partially endorse the statement. Mainly, it is undoubtedly true; but, in the preparation of food, and still more so in the adaptation of it to the wants of the stomach, and of individual stomachs, of very various tone and requirements, chemical rules cannot be over strictly applied. The doctrines of Liebig, at first unhesitatingly accepted, have not obtained that success and veri-

fication which was confidently predicated for them. Mrs. Mann quotes from the writings of this justly-distinguished chemist, and more fully from Dr. Johnston's "Chemistry of Life," in most instances judiciously and pertinently. Too many chemical notions, however, should not be administered to people to be swallowed with their food, lest they nervously imagine themselves laboratories, too literally, and precipitate some articles or cause others to combine unpleasantly.

The foundation of Mrs. Mann's receipts—or rather we should say their pervading essence—is CREAM. This is a reform indeed; and we hail with pleasure the successful substitution of an innocent, nutritious article for the *grease* that has so long held its place. The chief difficulty in adopting the author's plan is the expense and the almost impossibility of procuring *real* cream.

We fully endorse the author's proscription of *cream* of tartar, salæratus, soda, &c., which have been so universally heaped into our food. Is it said that occasionally, and when properly used, these articles are not only innocuous but useful? Possibly—but the difficulty is to have them *properly* used. It is better to throw them overboard than to incur the risk of becoming literally impregnated with them. We have had too much reason to realize the appropriateness of the author's motto on the title-page—"There is death in the pot."

There are many other topics upon which we should like to touch, but our lack of space forbids. We may take a future occasion to recur to them in connection with a late article on "Food and Drink" from *Blackwood's Magazine*, and re-printed in Littell's *Living Age* for May 1st, 1858.

The volume we have noticed contains a large number of very excellent Receipts, a Dietary for the Sick, and an Appendix devoted to French Cookery.

Mrs. Mann must excuse us if we demur at her use of our Saviour's words at the last supper, as applicable to our meetings at the "social board." Whilst we agree with her that nothing is more appropriate than to desire and "invite the spiritual presence of Him who said: 'Do this in remembrance of Me,'" we consider that there is a peculiar and sacred restriction of them to the celebration of the ordinance above named, and that they are misplaced elsewhere. With the general tenor of the author's remarks we cordially agree.

We do not intend to be captious, either, when we intimate that although the London *Lancet* is certainly one of "the leading medical periodicals of the day," it hardly bears the very distinctive title of "the leading" one. A lady, however, is not supposed to be deeply versed in medical literature, and the expression is of minor consequence.

We remark the copious and excellent extracts from Dr. Griscom's writings, and the allusion to Mr. Youman's forthcoming work, which is likely to be of much service in elucidating the chemistry of food, and the detection of adulterations in the various substances on sale in grocers' establishments.

What stronger temptation can we offer to housekeepers to purchase this little volume than to say that by following its rules we think its "object" will be fully realized; and its object is, "to show how healthful, nutritious, and even luscious food can be prepared, without the admixture of injurious ingredients."—(*Preface.*)

Ophthalmic Hospital Reports, and Journal of the Royal London Ophthalmic Hospital. Edited by J. F. Streatfeild. London : pp. 49.

We welcome to the list of medical periodicals the above-named publication, which is promised as a quarterly record of ophthalmic observation and experience, and is published under the sanction of the Medical Council of the most important of the English Institutions for the treatment of Diseases of the Eye.

Our readers may form an idea of its value when they know that such men as Messrs. Dixon, Bowman, Poland and Critchett are among its most interested contributors. The fact must be admitted that the profession is in want of information, given in a practical and concise form, in regard to the improved modes of treatment of many of the diseases of the eyes, which have been the result of the experience of accurate and skilful observers enjoying the opportunities afforded by a field so ample as the Royal London, otherwise known as the Moorfields, Hospital. In addition to papers by its accomplished editor, Mr. J. F. Streatfeild, the present number contains a paper by Mr. Poland, on Protrusion of the Eyeball, an important paper by Mr. Bowman, on the Treatment of Lachrymal Obstructions, and a Quarterly Report of the chief operations performed at the Hospital. Mr. Bowman's paper demonstrates (what has always been our own opinion) the inutility and impropriety of resorting to the insertion of a style or tube, or of destroying the sac by means of the actual cautery, and advocates means of dilatation which are not only more scientific, but also more simple and effectual. The Report of operations gives, not the bare statistics only, but a brief account of the modes of operation, an explanation of the principles on which any novel operative procedure is based, and a statement of the results so far as ascertained.

The Hospital is thus fulfilling its double mission, in not merely benefiting those who are the immediate recipients of its advantages, but in diffusing information which will be of service to thousands. W.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 27, 1858.

INFANTS—MORTALITY.

There is in every community a very large proportion of deaths among children. It is true that their diseases have of late years been more thoroughly studied and better understood; and it is to be hoped that much is now done which formerly was not done, and also that many things are left undone which were once pertinaciously and injuriously carried out. In no instances, perhaps, is the *nimia cura medici* more to be dreaded than when it is brought to bear constantly upon the countless slighter ailments which almost no child escapes. In our days the advantages of hygienic management, good nursing, and *judicious* medication, may be said to be fully realized and acted upon.

A late number of the *Lancet* (April 3d, 1858) sets forth in strong terms the ills that London babies may be considered "heirs to." The insufficient care given to infants by poor, and too often by wealthy,

mothers, is, in this country as elsewhere, a powerful element of evil. Poverty, which entails severe labor upon the mother as well as the father of a family, necessitates the absence of the former from home in many instances; and thus exposes young children to the mercies of a neighbor, herself over-burdened probably, or obliges their incarceration in small unhealthy quarters, into which they are often locked for hours.

Less excusable, because voluntary and clearly unnecessary (nay more—highly culpable), is that neglect—not to call it desertion or even a worse name—which consigns so many children of the opulent almost exclusively to hirelings. Whether it be the exacting calls of Fashion and Pleasure, or the worse than foolish regard for the preservation of what some women are pleased to term their figure—i. e. the repression of a natural God-given function and condition, in order that they may be more presentable in the ball-room—which lead to this conduct, no denunciation of it can be too strong. The mother who can feed her child with her own milk, without detriment to her health, and whose milk is what it should be to afford the child due and proper nourishment, is sacredly bound to do it. When the infants of the poor waste away and die for want of sustenance, we may commiserate, but we rarely can blame. Often, also, it is a merciful thing that they are taken; and the same may be said for those whose lot is worse than that of orphans—the illegitimate. But how stern an account will those have to render, who on the ground of self-indulgence, or by carelessness, bring feeblene ss, deformity, or fatal disease upon their own offspring! The following paragraph from the periodical we have above cited, is not a whit too severe and searching in its expressions:—"The wailing, dwindling infant, confided to an inefficient or careless wet-nurse for its sole means of sustenance; the 'child of misery, baptized in tears,' whose little life is starved away; the babe who slowly but surely dies from repeated doses of sedatives—all these are the Witnesses which may well make many a mother tremble lest, for the little life thus blighted here, an accusing spirit should confront her in the Hereafter."

It has often been said, and indeed it is a popular belief, that much of the infant mortality in cities and large towns is to be ascribed to the close and vitiated atmosphere of such places. It is considered, however, that altogether too much importance has been attached to this state of the air, when it exists—for it does not uniformly exist. We are not about to maintain that country air, in general, is not more pure and healthful than city air usually is; but that the latter is constantly of such a character as to deteriorate the health of children or adults, is by no means true. That it is open to such a charge under certain conditions and in certain parts of a city or large town, no one can reasonably deny. The larger portion of our own city, we think, may be relieved from such an imputation. That children often quickly rally, when pining in a city, after going into the country, is ascribable to several things besides the mere change of air. But the *change* alone is often the main beneficial thing, just as an alteration in diet is of marked benefit. An occasional alteration in the food of the lungs is perhaps as essential in many cases as the usual variation in the food for the stomach. No single article suffices for the sustenance of the body through the processes of digestion.

Those who see out-patients, at a hospital or infirmary, do not need

to be told what influences, in myriads of cases, have brought infants to the condition of animated skeletons, or repulsive and pitiable little specimens of disease. Physicians, and any persons who visit the poor, can enter into the spirit and feel the truth of the following words, which we quote from the English journal. "It is amongst poor children that the mortality is incalculably greatest; and when it is considered what they undergo, and the conventional treatment to which they are subjected, we can only wonder that so many escape. 'How do you feed your child?' asks a medical man, compassionately looking at the emaciated little form which typifies hundreds daily brought to our hospitals. And this is the stereotyped answer, 'she just has a taste of whatever I eat myself'—meat, potatoes—often gin; scanty nourishment drawn from breasts whose secretive power cannot eliminate milk from a half-starved frame, and the unwholesome, diluted milk of unhealthy, badly-fed cows; such is the nourishment afforded to thousands of children on this day of an enlightened age in this capital city of a civilized country where we count the gray barbarian lower than the Christian child!"

The question of the purity of milk is one which has, especially of late, excited much interest: and the developments which have been made in certain quarters with reference to the performances upon the unfortunate cows of modern *laiteries*, are certainly astounding and revolting. That authoritative intervention ought to be employed in these instances is surely sufficiently evident. We agree with the editor of the *Lancet* when, in reference to the French regulations in this matter, he writes: "In Paris it is compulsory that only pure milk be sold, and a heavy fine is inflicted on the transgressors. There is no valid reason why the same system should not obtain in this country [and, we add, in this also]; yet those who sell spurious tobacco are heavily punished, whilst the one article of food that forms the sole support of thousands of [children] may be adulterated and diluted without any check!"

We fully sympathize, moreover, with that benevolent spirit which has induced the formation of an association of ladies in London to instruct "poor mothers" how to feed their children. Feeding-bottles are supplied to such mothers, with full directions how to use them, and what to put in them. As the editor intimates, in a poetical quotation, with these poor women, nearly always, the

> "Evil is wrought
> For want of thought,
> And not for want of heart."

In conclusion, we wish to make one more reference to the question of how much climate and atmosphere affect children; and whether many other influences are not far more active than they are in causing death among them. And to this end we cannot do better than to again draw upon the source of our previous selections. "It is evident, therefore, that if anything can be done to diminish this great mortality, it is in the large towns, where babes and sucklings die off so fast from preventible causes, that the remedy should be applied; for the high death-rate is not attributable to the air of great cities. 'To preserve the life of a child,' says M. Benoiston de Chateauneuf, 'care does everything, and climate nothing, or but little.'"

Copying without Acknowledgment.—We have more than once alluded to the practice of some of our exchanges of copying articles

from other journals without giving credit to the periodical in which they first appeared. We cannot imagine that this is usually done intentionally, since nothing is easier than to expose the fraud. We do not profess to be extremely sensitive to injuries of this kind, and we have frequently allowed the fault to pass unnoticed, but where the amount appropriated from our pages is large, justice to ourselves renders it proper to call attention to it. In the last number of the *Ohio Medical and Surgical Journal* we find upwards of ten pages taken from this JOURNAL without acknowledgment. It is true, the matter is placed under the department of selections from "American and Foreign Intelligence," and could not, therefore, be considered as original with the *Ohio Journal;* but the neglect to credit it to us is an oversight which we should hardly have expected in that periodical.

Respect to the Memory of Dr. Henry Sargent.—At a meeting of the Worcester Association for Medical Improvement, held on Tuesday evening, 18th inst., Dr. Rufus Woodward offered the following resolutions, which were unanimously adopted; and it was voted that the Secretary offer a copy of them for publication in the Boston Medical and Surgical Journal.

Resolved, That the Worcester Association for Medical Improvement deeply deplore the death of Dr. Henry Sargent, one of its most earnest and valuable members.

Resolved, That we tenderly cherish the memory of Dr. Sargent, whose eminent scientific attainments, large philanthropy, urbane deportment and blameless life, endeared him, in a marked degree, to his associates and friends, as a true physician and an exemplary Christian man.

Resolved, That we tender our warmest sympathies to his bereaved friends, whose enviable privilege it has been to share his love, enjoy his society, and cheer his last days by their offices of unwearied kindness and affection. THOS. H. GAGE, *Sec'y.*

"The Sands of Life" "Played Out."—Under this caption the *New York Times* gives an account of the legal means lately adopted in that city to put a stop to the disgraceful system of quackery for some years carried on by a reckless swindler representing himself, in his advertisements, as a physician "whose sands of life have nearly run out." It seems that he, with other quacks of the same sort, have been arrested, and the letters which are daily flowing in to them by mail are sent on to the Dead Letter Office at Washington, whence the money contained in them will be returned to the deluded victims of this last and boldest of the medical humbugs.

Health of the City.—The chief feature of interest in the mortality report of last week is the large number of deaths of females, no less than 47 having been reported, to 27 males. Ten of the females were over 70 years of age, and one died of scarlatina at the age of 42. The number of deaths in the corresponding week of 1857 was 58, of which 10 were from consumption, 2 from pneumonia, and 4 from scarlatina.

CORRECTION.—On page 328 of the last number, the title of Dr. Spooner's Address before the Norfolk District Medical Society is incorrectly given; it should be, "On the different Modes of Treating Diseases."

Deaths in Boston for the week ending Saturday noon, May 22d, 74. Males, 27—Females, 47.—Accident, 1—anæmia, 1—inflammation of the bowels, 2—bronchitis, 1—cancer (in the face), 1—consumption, 15—convulsions, 2—colic, 1—dysentery, 1—diarrhœa, 1—diabetes, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 6—puerperal, 1—scarlet fever, 3—typhoid fever, 3—disease of the heart, 1—intemperance, 1—laryngitis, 1—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 3—measles, 2—old age, 8—palsy, 2—peritonitis, 1—suicide, 1—teething, 3—unknown, 2—whooping cough, 2.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 16—above 60 years, 13. Born in the United States, 49—Ireland, 21—other places, 4.

Puerperal Convulsions.—Dr. James M. Newman presented a report on this subject to the Buffalo Medical Association, at a late meeting, which is published in full in the Buffalo Medical Journal, comprising some account of 33 cases collected from various sources. Of these, 17 were primiparæ, 9 multiparæ, 7 not stated. Recovered, 24; died, 9. Described as anasarcous, 7. The urine was albuminous in 12 cases; not albuminous in 2; dark colored in 2; no secretion of urine in 2; and condition not noted in 19. Ether or chloroform was employed after bloodletting in 19 cases—and of these, 16 recovered and 3 died; employed without bloodletting, 9—and of these, 6 recovered and 3 died. Convulsive movements modified and controlled by anæsthetics, in 23 cases; convulsions not diminished by them, in 6 cases. Two cases proved fatal in which chloroform was administered without previous treatment being indicated.

Medical Society of the State of Georgia.—At the Annual Meeting of this Society, held at Madison on the 14th ult., besides the usual business of the meeting, the subject of petitioning the Legislature for a change in the laws of the State respecting the procuring of dead bodies for dissection, was acted upon. A petition from the Society, in connection with the Medical Colleges of the State, was agreed upon, asking of the Legislature such provisions by law as will legalize the study of anatomy by dissections.

Queru's Cod Liver Oil Jelly is to many a much more palatable way of taking this oil than any other, and should be tried. Another preparation of a like nature is the jelly of oil of ethal. This substance, which is in fact the head matter of the sperm whale, has been proposed as a substitute for the cod liver oil, and used to some extent in this city. Our own experience with it, though quite limited, has not been satisfactory. This jelly, however, is very palatable, although it contains 85 per cent. of oil.—*American Medical Monthly.*

The Abrahamic Covenant.—The sensation created in Austria by the refusal of a Jewish physician to have his son circumcised, on the score of the dangerous character of the operation, has given rise to a thorough scientific discussion of the subject in a Viennese medical paper, entitled *Austrian Gazette of Practical Medicine*, in which the following results are arrived at:—1. That circumcision, as a medical operation, presents no kind of danger whatever; that if it should be followed by any untoward consequence, it is owing to the unskilfulness of the operator. 2. That the mortality amongst Jewish children is not greater than that amongst the Gentile children of the same class. 3. That circumcision exercises no unfavorable influence whatever upon the Jewish constitution. 4. That it protects from various physical evils, which it either altogether averts or greatly mitigates.—*Abridged from Lien D'Israel.*

Illegitimacy in Scotland.—During the month of February there were registered in the eight principal towns of Scotland the births of 2584 children, of whom 1312 were males and 1272 females. Of that number 2363 were legitimate, and 221 illegitimate, which gives the high proportion of one illegitimate to every 11·6 births, 8·5 per cent. of the births thus being illegitimate. The proportions of illegitimate births in the several towns (considering Edinburgh and Leith as one town) were as follow:—In Greenock, 4·6 per cent. of the births were illegitimate; in Glasgow, 6·9; in Perth, 7·5; in Paisley, 7·9; in Edinburgh and Leith, 9·3; in Dundee, 9·6; while in Aberdeen the proportion was 19·5 per cent.—*London Lancet,* March 20th, 1858.

How to keep Rooms cool in Summer.—Lord Rosse has denied the absurd prediction, that the approaching summer will be an extraordinarily hot one. Still, it may be well that medical men should be forearmed with the means of cooling their own and their patients' rooms. A flat vessel filled with water, and on which are floated branches of trees covered with green leaves, is a very pleasant and efficacious means, and is much employed in Germany. The suspension of Indian matting, previously damped, at the open window, tends much to diminish the heat. This matting may be imitated by any kind of plaited grass.—*Ibid.*

A new "retreat" for the insane has been opened at Canandaigua, N. Y., by Dr. George Cook, who has had much experience in this line of practice at the New York State Lunatic Asylum.

THE

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CASE OF OCCLUDED VAGINA.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. W., aged 27, was delivered by instruments, about two years ago, of her first child. I was asked to see her in consultation by Dr. Moore, April 20th, 1858, she being in her second labor. Dr. M. stated that the case was new to him, and that he had not been able to determine what it was. Mrs. W. said that her first labor was very severe—that it had continued more than forty-eight hours, when the instruments were used—that she was very ill for a week afterward, her symptoms being great soreness in the bowels, frequent and painful micturition, and frequent retching and vomiting, and watchfulness. At the end of two weeks the urine began to pass involuntarily, and soon ceased entirely from the natural passage. This has continued from that time. The catamenia occurred at natural periods, but in small quantity. She was in perfect health during pregnancy. Labor came on two or three days before I saw her, but the pains were so slight as hardly to attract attention. After about two days uterine action was more pronounced, when an examination was made, but no satisfactory result was reached. There was something like an imperfectly-dilated os uteri felt, but nothing beyond or within it which resembled any part of a fœtus. There was no *show*.

Upon examination, I felt what Dr. Moore described. It was a semilunar-shaped structure, having a firm, sharp, free edge looking horizontally toward the hollow of the sacrum, and resembling somewhat one half of the os uteri, its anterior lip, in a state of perfect dilatation. There was nothing resembling the posterior lip. The finger could be passed along the inside of the anomalous valvular-like structure, but a blind pouch, looking toward the front of the pelvis, only was found, out of which no other opening than that which formed its entrance could be detected.

A careful examination was made in every other part of the va-

gina, but nothing like the os uteri could be felt. As the general state of the patient was perfectly healthy, and contractions regular, but in no degree severe, it was agreed that delay was safe, and that time might make revelations which would guide our practice.

The next day the catheter was introduced. It passed readily, inclining backward rather than upward. A finger was passed into the valvular opening above described, and in it the end of the catheter was at once felt. The opening was thus shown to be in what remained of the bladder, the sharp, thin, semilunar edge being a free portion of its anterior face. A careful examination was now again made over the whole space between this point and the symphysis pubis. The contents of the pelvis were evidently lower than they were the day before, showing that the uterine contractions had forced down somewhat the presenting part, whatever that might be. A slight irregularity, a radiated puckering, with a little depression, was now felt, say an inch or more from the urethra. Firm pressure with the finger in the middle of this puckered spot was now made, and something like an opening was thought to exist in its centre. A thorough exploration was now made here, with Prof. Simpson's smallest uterine sound, but no opening was found. As the patient's general state still remained good—the pulse being of fair strength, and but slightly accelerated—and uterine action regular, it was determined to wait. An opiate was directed for the night. One had been given the preceding night, and had been followed by some refreshing sleep. Dr. Putnam had seen Mrs. W. with us the day before, and to-day.

At nine the next morning we met again. Very unfavorable symptoms were now present. The pulse was about 160, and feeble. Chills had occurred in the night. The countenance and whole manner showed how great had been the change since the preceding day. It had occurred in the night, for at our evening visit she seemed as comfortable as at any visit before. Examination showed that progress had been made. The presentation, whatever it was, was lower than it had been before. The question came, shall an attempt be made to deliver by the Cæsarian operation, or shall the case be abandoned? It was determined to make another exploration in the spot where something like an opening had been described the day before. Upon the finger reaching this place, and firm pressure being made, an opening was discovered, or made. Pressure being continued, the opening gradually yielding, the finger passed, and the scalp was reached. The finger could be swept readily round the presenting portion of the cranium. The opening was of gristly hardness, and was thick as well as firm. It was agreed that it should be divided, which was readily done with a probe-pointed bistoury. It should have been stated that the patient was thoroughly etherized by sulphuric ether before anything was attempted. Upon passing the finger into and through the opening, and before the incision, a large gush of blood at once

followed. The vagina was firmly plugged. After a short time the plug was removed. The hæmorrhage had ceased, nor did it return upon making the incision referred to, or during the operation of extraction. The cranium was next perforated, and the delivery accomplished by the use of Prof. Meigs's craniotomy forceps, the very best instrument which exists for such an operation. I say this, because I have a complete set of Davis's, and other instruments, and have faithfully tried them all, and others in common use. The operation was protracted, not merely by the resistance of the parts involved and the care to avoid all unnecessary lesion, but by the yielding of the cranial bones. These came away, not in small broken fragments, but each bone of nearly its natural shape and size, requiring great care to prevent injury during their removal. This was afterward explained by the macerated, decomposed condition of the fœtus. What was singular in such a general state of the body, the scalp retained unusual firmness, and allowed of extracting efforts by it, which greatly facilitated the delivery. The womb contracted strongly after the child's birth, separating the placenta, but presenting no obstacle to its delivery. The cord and whole afterbirth were perfectly black, and the latter broken down into an irregular mass.

The operation lasted about two hours, during which the patient was completely etherized. Great exhaustion manifested itself immediately after delivery. The pulse was scarcely perceptible, and not to be counted. The face was pale, and the limbs, where exposed, were cold. As soon as sufficient consciousness returned to permit swallowing, stimulants were freely used, and reaction soon occurred. There seemed little if any chance that life could be long sustained. Before leaving, a full opiate in brandy and water was given. Warm gruel, with or without stimulants, was directed, and positive rest was enjoined. Nobody was to be permitted to enter the room except the nurse, and a single attendant to aid her.

We met next morning at nine. We found fair reaction present. The patient smiled as we entered, and to our inquiries said she was perfectly comfortable, and had passed a good night. The pulse was about 130, and of good strength. Her bed had been dressed, and fresh clothing had replaced that which had been worn unchanged. The next day Mrs. W. was still better in all respects. The next, she had been easily and effectually purged. The next, which was this morning, Tuesday, April 27th, she was without complaint. She was asked how her present state compared with the fourth day after her confinement, two years ago. "Oh," said she, "I suffered terribly then, but am well to-day." She asked if something could not be done to relieve her of the water-trouble which so grievously tormented her by producing so bad a smell and keeping her sore all the time. Dr. Moore had made a vaginal examination this morning, and reported a very favorable condition

of the vagina and os uteri. He will do all in his power to prevent a return of the occlusion which followed her first delivery.

April 28th, 9, A.M.—Report rather less favorable than yesterday's at the same hour. Was restless in the afternoon, with headache and chill. At 9, P.M., breasts began to swell, the milk entering them, as Mrs. W. said, "with a rush." These are now tense, painful and sore, but less so than in the night. Pulse 112. Has had a laxative, which operated well before visit.

29th.—Report very favorable. Breasts easy, less distended. Pulse 96. Not the least uneasiness or fulness of abdomen either now or previously. The vagina is so tender, and so much uneasiness there has been produced by applications to prevent contraction of the os uteri and vagina, that they are omitted for the present.

May 4th, 9, A.M.—Mrs. W. has continued well since our last visit. Her only annoyance is from the continual passage of urine, producing great and persistent uneasiness and distress. Various means have been used to relieve this trouble, and others were suggested in consultation. She says she suffered much more from this bladder-trouble after her first confinement, than she does at the present time.

The embarrassments of such cases as the above have not been alluded to. However these cases may resemble each other, likeness will never be so perfect as to authorize, in a second case, what may have successfully been done in a first. A long life has furnished me with but two cases of apparent perfect vaginal occlusion, before this just recorded. The first of these occurred in a woman who had never before had a child. At least there was no reason to suppose she ever had. She had been married about a year, had conceived, and I was requested to attend her. Labor occurred, and I was sent for. Examination was made, and nothing discovered. A smooth *cul de sac* only was felt, separating the abdominal from the pelvic cavity. There was not the least roughness or irregularity over its whole and wide extent. Nothing like os uteri could be felt, or any other thing like a presenting part. Four days and four nights passed, during which I literally never left this patient's house—when, at the end of the fourth day, I felt a slight *swelling* near the hollow of the sacrum. It was not an irregular, puckered, or depressed spot. Not at all. It was a slight elevation of the smooth conical roof of the vagina from the surrounding parts. In order to aid the diagnosis, the catheter was introduced, but instead of rising into the cavity of the organ after passing the urethra, its end turned backward and lay exactly across the pelvis—its whole course being traced through and across the *cul de sac.* A medical friend, of questionless skill, examined my patient in consultation, and confirmed the views I had taken of the case. As Mrs. ——'s strength remained good, notwithstanding

so long and so painful a labor, it was agreed to wait still longer that some change might occur. At length this happened. In the centre of the elevation above referred to, a *fissure*, a mere *line*, not a round *hole*, was detected. Through this, at length, the membranes began to be felt. The opening was mechanically enlarged, and after many hours the child was born. It was dead. In about ten days pleurisy seized the patient, and during its height phlebitis of the left arm occurred, under which she sank and died. This case gave great uneasiness to the husband, as he could not be made to understand how conception could have taken place if the condition of the pelvic viscera had been congenital—or how it could have happened, had it occurred in consequence of a previous labor.

The second occurred to a lady who had given birth to one or more children. She had suffered from enlargement of the os and cervix uteri, and not getting well here as soon as she expected, she went abroad, and was for some time under the care of a distinguished specialist. She recovered, came home, conceived, and called on me to attend her in labor. When labor began, I saw Mrs. ——, and upon examination could find no os uteri. The *cul de sac* was as smooth and as even as that in the above case. But after some hours of labor, a roughness was felt in the back part of the pelvic roof. This was explored by Simpson's sound, and a hole or opening was found. I was about to go home for a probe-pointed bistoury, thinking one might be necessary, when it was felt that dilatation could be made by the finger. This was accomplished. The child and mother did well.

Many cases have come under my notice of partial uterine and vaginal closure, or both. There has been, in all cases except the two above-mentioned, some opening leading to the os uteri; of different sizes, indeed, but always sufficient for guidance. There has been trouble in these cases, but the course to be pursued in them has been indicated with sufficient clearness, and the needed steps have been taken.

But in the case which forms the subject-matter of this paper, no such clue existed. The roughness and the depression described in the *cul de sac*, between the valve and urethra, might have somewhere in it an opening to the uterine cavity, or it might not have one. Through all the long time from the beginning of labor to the day of its close, more than a week, not a ray of light had been shed on the long obscurity; and what to do, you could not tell. You saw in the gravely morbid condition of the patient, in the last day of waiting, that now something was to be done; and the revelation came, and a way of escape was pointed out. I would not be rhetorical in a report of a case in midwifery; but sometimes the approaches of death in the case of one who has entrusted her life and the life of her child with us, have been so solemn and so deeply felt, that the recital of the agony and the peril sends

the pen too far beyond the literary conservatisms of scientific recitals to leave us a choice in style.

No one, as was said, can understand the embarrassments which a case like this involves, where there is question of procedure and a clear outspoken demand that some decided step must be taken. I confess it was not easy for me to understand how the os uteri in the close of pregnancy could lie just behind the urethra. But you ask, why wait so long? Because there was no guide to action; and the woman was, till the last day, bearing her burden well. Suppose we had determined to cut somewhere, and selected a place for incision within the limits of the semilunar valve, above attempted to be described, and because its free sharp edge felt like an os uteri. We should have transfixed the posterior and only remaining face of the bladder, and both its substance and peritoneal covering, and the womb with its peritoneum, thus laying open the abdominal cavity formed by this membrane, and indefinitely increased all these lesions by the violence which would have been necessary in order to accomplish delivery. We should certainly have killed our patient.

Blundell, I think it is, who speaks of the injuries which a *meddlesome midwifery* involves. But how perilous is that midwifery which jumps at conclusions, and with a vague purpose to prevent a disaster which may be only conjectural, adopts measures, in the practice of which death may surely come.

Cases like that reported in this paper show what hard shocks the body may receive, and still survive them all. Said one who attended this case, if Mrs. —— lives, what accident in midwifery practice—what complications of accident—may not be endured with perfect safety? It seemed to him impossible that life should be preserved in this case.

"We had prodigious large armies in Flanders, said my Uncle Toby," in reply to some wonder expressed in his presence that so many children were born alive, and so many mothers lived through the pains and perils of labor.

But such cases as the above give encouragement where danger is imminent, and teach the great lesson of patient waiting till circumstances place it beyond question that active interference is demanded and must be put to the test of experiment.

Mrs. —— was examined four weeks and three days after her delivery, with a view to ascertain if anything could be done to repair the lesion of the bladder. She had passed two miserable years, and was willing to submit to anything which gave the least promise of relief. She was in perfect health, and the parts within the pelvis had recovered from the effects of her recent delivery. The urethra was closed, so that the catheter could not be made to enter it. By the speculum, the bladder was found protruding through the fissure and filling the speculum. A small portion of the vagina was seen, in its anterior face, with its rugæ, while over

the smooth surface of the protruding bladder the urine was freely trickling. The edges of the fistula could neither be seen nor felt. From the examination thus made, there seemed to be no encouragement for attempting an operation for closing the fistula.

MY REASONS FOR NOT CONSULTING WITH HOMŒOPATHISTS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—I have been in the practice of medicine and surgery for a goodly number of years, and have had repeated opportunity for consulting with Homœopathists, but have always declined. I could not compromise the dignity of a scientific profession so far as to give countenance to, or become part and parcel with, an individual so bewildered in his reasoning faculties as to believe, with all his heart, in the "*Similia Similibus*," the infinitesimal doses, and the causes of all chronic diseases, as declared by Hahnemann.

A man in Ohio, called Doctor, and at the same time a Free-Will Baptist preacher, who is said to preach a pretty good sermon, believes in the efficacy of the fresh blood of a black chicken for the cure of varicose veins and ulcers. Another, calling himself Doctor, and patronized by one of the richest men in this city, lays down certain apothegms, some of which are the following. "Every joint produces a different fever. There are different colors to the different fevers from the different joints. Every man has a hundred and ten joints; and every woman has a hundred and ninety-nine joints. The fever will go out of the joints into the stomach by taking cold. Then separate the fevers, destroying whatever is to be destroyed. For headache, give whiskey and vinegar. For pain all over, wash all over with whiskey and vinegar, then grease with castor oil. If much pain, take a tablespoonful of saltpetre and four ounces of castor oil."

The dogmas of Hahnemann, the black chicken, and the hundred and ninety-nine joints in a woman, are all on a par for truthfulness and common sense. Shall I give the right hand of fellowship to the believers in such trashy imaginings and paradoxes, and trust the hazards of a sick patient and my own reputation to their skill and love of justice? The attending physician has an advantage over the one employed in consultation. He can bring, by suggestions, the patient and friends to regard my prescriptions as of doubtful utility, or as positively injurious, explaining the untoward symptoms, should any arise after the consultation, by a reference to the change that has been made in the treatment. This he has a strong temptation to do, when he has not the least faith in regular medicine, his mind clinging to his own absurdities and mystifications. Can I trust such an one to carry out my views in the management of any other case in the sick chamber? If he is an unbeliever in

Hahnemann, and at the same time calls himself his follower, the case is a very plain one,—he is dishonest, and not to be trusted with the sick nor with my reputation. He is not to be bolstered up by a high-minded, truth-loving and scientific physician, in his Janus-faced character. If by any means he is a member of a State Medical Society, the case is not altered for the better, except that I am screened from the liability to be disciplined by the Society.

To attend a case in surgery, while the Homœopath or Thomsonian is giving doses by the mouth, I have declined, well knowing that a great deal often depends on suitable medication and diet. These matters I have considered as my duty to take charge of myself. I have always cherished a regard for the rights of the younger members of the regular profession, who, well-educated, hard-working, and looking forward to a position of usefulness and respectability, alone have just claims to my countenance and support.

Cincinnati, April 22d, 1858. GALEN.

CONSULTATION WITH HOMŒOPATHISTS.

[Communicated for the Boston Med. and Surg. Journal.]

MESSRS. EDITORS,—The following reply to "Senex" on "Consultation with Homœopathists," was written before the appearance of the article signed "Junior" in your issue of April 29th. We send it to you, as, while arriving at the same result, it views the subject from a different point from that assumed by "Junior." Like the latter, we recognize in Senex the Hippocrates of this region and generation; and offer our remarks in the character of a disciple who is, as yet, unconvinced. Here are our reasons.

We assume that every person possessed of a competent medical education, and endowed with common sense, *knows* that while some of the tenets of Homœopathy are unfounded, others are *absurb*—as absurd as the proposition that "two times two make five." Unlike, then, the theories of Brown and Rush, these absurd propositions are not matters of *opinion*, any more than any simple mathematical proposition is a matter of opinion. An individual who gravely states that a grain of any drug has less potency than a decillionth of that grain, belongs to one of two well-known classes of people. He either believes, or disbelieves, what he asserts. If he disbelieves, he is an arrant knave. If he believes, his credulity is the result either of ignorance of the subject—and then he is a knave, for professing himself conversant with it; or of deficiency in sense—and then he is not a safe person to direct the management of the sick. This is no *petitio principii.* Because, the question is not between homœopathists, and those stigmatized by them as allopathists, but is a discussion between scientific physicians *inter se.*

There is, then, no blinking the matter. A true physician who

consults with a homœopathist extends the hand of fellowship to one whom he has reason to believe either insincere, or else unsafe to have the "care" of the sick, whether he confine himself to infinitesimals, or tamper with prussic acid in heavy doses. To say that one has occasion to consult with physicians whose position is quite regular, but who are no better than the former, is a severe sentence upon such regulars, and on their examining committees; but is not, we submit, a valid excuse for consulting with the first-mentioned persons.

Now, which course is the more just, and also humane—for the physician, when asked to consult with the homœopathist, to refuse to do so, and thus throw upon the patient, or his friends, the responsibility of choosing between quackery and scientific medicine (and in most cases they would choose the latter); or to join hands with the questionable practitioner by the bedside, and give him advice in the ante-room, which he may or may not be willing to follow—and, if willing, may or may not be able to carry out? In the latter case, the quack goes forth *endorsed*, and the sick are encouraged to trust themselves to the men who sweeten them with the sugar of milk. In the former case, the true men would have clean hands, whatever might befal.

Nay, Messrs. Editors, if those whom we are accustomed to consider the lights of the profession had always refused consultation with, and countenance of, practitioners of homœopathy, this, "the best trick of the century," would, in this community, have died a natural death, much sooner than it is now destined to do, and the Massachusetts Medical Society would have stood in a much more dignified position than at present. DISCIPULUS.

IMPRESSIONS LEFT BY THE LATE MEETING OF THE AMERICAN MEDICAL ASSOCIATION UPON THE MIND OF A DELEGATE FROM MASSACHUSETTS.

[Communicated for the Boston Medical and Surgical Journal.]

THE impression left by this meeting is rather painful than otherwise, but simply from the consideration that so many men, from all parts of the country, should collect together at the Capital, for the purpose of advancing the best interests of the profession, and should find themselves compelled to spend the greater part of three days in the discipline of an unfortunate member, and in vague discussions on constitutional amendments. There was no time left for the presentation of many important papers and for discussion thereupon, although, it is true, a few good communications were made, during a part of the second day.

The act of discipline, alluded to, had, doubtless, become necessary, by the conduct of the accused, and for the harmony of the Association, but it was not any more agreeable on these accounts.

As accomplished, it indicated most strikingly the power of the Association; although one could have wished that power had been exerted in a nobler cause than in the hunting-down of an erring brother. The deed was well done *when finished;* but a Yankee may, with truth, ask the question—Did it pay for the time and money spent in going nearly a thousand miles? For one, I think my time would have been nearly lost, if the social relations in which I stand to some members of the Association had not been fully gratified. The various friendships, previously formed with honorable men from all parts of the country, were renewed and augmented, and during the whole meeting were a source of unmingled pleasure. The Committee of Arrangements, and individuals in Washington and Georgetown, were unbounded in their hospitalities. And, sanctifying all, came the trip to Mt. Vernon—a most satisfactory termination of our week! That alone was more than a recompense for all the deficiencies I noticed in the proceedings of the Association.

Unless some measures be taken, the Association will ere long become simply an arena for the display of private pique or of public denunciation, or for arguments on constitutional questions.

I desire to suggest some thoughts which occurred to me, while smarting under the infliction of one of those spouting orators, who always are ready to seize upon such questions, during which they can indulge, to the fullest extent, their *cacoëthes loquendi.* These men need a subject and an audience. I would take away both, and by the following method. Let the Association, immediately after its organization, divide itself into sections, according to the various departments of medical science. Let these sections continue in session during the day, and let the evening be devoted to general meetings of the Association—only certain portions of the time being allowed for discipline and By-law modifications. The talking gentlemen, having only science to speak about, and a comparatively small audience to listen to their lucubrations, will simply subside to their level and necessarily keep more silence.

A second measure I would propose, similar to that which has been adopted with such benign results in the Massachusetts Medical Society—viz., that no discussion shall be allowed upon any question of constitutional alterations, unless at a *special* meeting, called for that purpose.

These suggestions seem of little importance; and yet I cannot but believe that, if adopted, they would confer immense benefits upon the Association. I trust that, during the ensuing year, the whole subject will be discussed by the various medical journals of the country, so that we may have an enlightened medical public opinion, capable of devising some method which will make the American Medical Association all that it really ought to be.

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Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

April 26th.—*Abdominal Inflammation preceding and following delivery at four months, and terminating in Pelvic Abscess; Death.* Dr. Homans reported the case, for which he was indebted to the kindness of Dr. Mann, of Roxbury, the attending physician.

Mrs. W., 23 years of age, of good constitution and always in the enjoyment of good health, was married at the age of 16, and in about a year gave birth to a child, and three years since to another. These labors were easy, and recovery rapid, in the latter remarkably so, she having ridden out within a week from delivery. Her usual good health attended her until the night of the 5th of February, when having spent the evening previous with some friends, and eaten oranges and some other things, she was seized with what she supposed to be colic, and suffered severely all night. She first had strong rigors, which were soon succeeded by violent pain in the abdomen, high febrile excitement, nausea and vomiting.

Dr. Mann was called in, the next morning (6th), and found her lying in bed, with the knees drawn up, the abdomen distended and quite painful, tongue coated, great thirst, and pulse 140 per minute. By the prescription of the Doctor, she took calomel combined with morphia, which was repeated at the expiration of two hours, and followed by a saline cathartic; warm anodyne fomentations were also applied to the abdomen. At the evening visit Dr. M. learned that the cathartic had produced several copious discharges, and that much relief was obtained. She informed him that she supposed herself pregnant, and about four months advanced. The pulse was reduced to 112, with considerable distension of the abdomen, and tenderness, particularly in the right iliac region. Liniments of soap and opium, ol. terebinth. and chloroform were applied to the abdomen, and the following to be taken in doses of a teaspoonful every two hours until sleep was produced: Liquid extract of opium, ℥iv.; chloroform, ℥i.; syrup of orange peel, ℥iij. 7th.—She slept four hours, and had a comfortable night after taking a second dose of the mixture. Pulse 104–105. A febrifuge-mixture was now prescribed, and fomentation as before. Dr. H. was now called in consultation, about thirty-six hours after the attack. Countenance rather anxious; heat of surface above natural; pulse 106 to 112: tenderness of abdomen, especially in the left iliac region; some distension of the abdomen, together with a degree of tenderness throughout. A continuance of the treatment already prescribed was advised. From this period to the 20th, Dr. M. says she continued to improve, the distension becoming less, the tenderness abated and the pulse reduced to 90. In the afternoon of this day, labor pains commenced, slight and at intervals of from twenty to thirty minutes. At 9, P.M., on examination, the os uteri was dilated to the size of a dime, and the pains were pretty active; in three hours, the os being fully dilated, the membranes were ruptured and labor was speedily accomplished, the placenta following the fœtus after a few minutes, by the efforts of nature. The flowing was quite moderate. Fœtus weighed about four pounds. After taking an anodyne the patient remained comfortable for about forty hours, when severe pains commenced. Up

to this date (Feb. 22) there had been no flooding, but now it became constant and profuse ; patient's aspect pallid. Plugging the vagina was resorted to, and the hæmorrhage abated. Retention of urine took place, and the catheter was used for several days. During this time, vomiting or constant nausea annoyed her, with frequent diarrhœa and flooding.

At this time, Dr. Homans was again called to visit her, with Drs. Windship and Mann, and found symptoms as above described, with pulse 120, tongue coated and moist, bowels distended and tender. The flowing, nausea and vomiting, retention of urine, tenderness of abdomen with distension, attended her for several days. On the 27th, there took place a diminution of suffering from all her bad symptoms. 28th, continued to improve. On 29th, she complained of very severe pain in the left iliac region and in the groin, and extending down the limbs. The diarrhœa increased, and nausea, with occasional vomiting, became excessive. In a few days the pain grew less, the vomiting ceased, the nausea abated, and fæces of fair consistence came away ; the urine was also passed without the catheter. This state continued about two weeks. March 16th, having complained of extreme pain in the lower part of the back, as she expressed it, on examination a large carbuncle was found in the left nates, near the anus. From this period Dr. H. saw her daily. Pus was discharged freely from the rectum, as well as from openings near the anus, until the 27th, when she felt much relieved of the annoying symptoms above enumerated. But this comfortable state lasted only a few hours, when the pain in the left iliac region returned with increased violence, and was only endurable while pressure was made by the hand of an assistant upon the part. The pulse soon became very frequent, 130 to 140 ; nausea increased until a few hours before death, which took place 30th March, discharges of pus taking place from the bowels, which continued after death.

This is the history of an interesting case, and it is to be regretted that we are obliged to remain in ignorance of the morbid appearances, an examination *post-mortem* having been denied.

April 26th.—*Thickened Bursa over the Patella.*—Dr. Gay showed the specimen. The patient, Ellen McG., aged 32, had a fall four years ago, striking upon the right knee. On the following day, the whole knee became swollen and very painful, and she was confined to her bed for five weeks. She had always supposed that the patella was broken. She thought that the swelling had considerably increased within two months. Having consulted some one, she was told that a large nerve running down on each side of the tumor was nearly dead, and that if blistered the nerves would be restored, and the swelling would then disappear. Blisters were accordingly tried, but without producing any diminution of the swelling.

When Dr. Gay saw her, the blistered surface, and the skin around it, were highly inflamed and nearly erysipelatous. She was delirious, pulse 120, face flushed, hot and dry, and the tongue covered with a brownish coat. These symptoms soon entirely disappeared, and the skin over the tumor became movable, and could be easily drawn into wrinkles.

The tumor was situated more particularly upon the lower half of the patella and upper part of the ligamentum patellæ, being rounded in form and more or less movable.

The operation consisted in a straight longitudinal incision, the dissection of the skin from the tumor, and of the tumor from the bone. One small artery only was tied.

After removal, the tumor was found to be 2½ inches long, 2¼ wide, and a little over one inch in thickness. It was nearly circular, convex upon its upper, and with a heart-shaped concavity upon its lower surface, of a fibrous hardness around its borders, and softer toward the centre, feeling as if liquid were present. On opening the tumor, a small quantity of yellowish viscid fluid presented itself, together with a quantity of what closely resembled sago.

May 10th.—*Epithelial Cancer of the Glans Penis.* Dr. Gay reported the case.

The patient was 60 years old. From his account he had had more or less trouble in passing water, consequent upon a stricture of 28 years' standing. A bougie has been introduced into the bladder at times ever since. For the first few years it was done very frequently, but for the last fifteen years the patient himself introduced the instrument, generally once a week, and sometimes not oftener than every two or three months. Three years ago, he noticed an eversion of one of the lips of the meatus urethræ, together with a slight soft swelling upon it, which he supposed was proud flesh. This remained stationary for some months. The bougie was passed as usual, and a solution of acetate of lead injected into the passage. Six months from the appearance of the eversion and swelling of the meatus, he felt an induration in the left half of the glans penis, about the size of a pea, which slowly but steadily increased. The glans did not enlarge, but became harder and harder, so that he soon noticed that the right half of the glans was similarly affected. He had occasional darting pains in the penis, scrotum and along the thighs.

Last November, he strained himself, and very soon felt a small, hard, immovable lump on the under surface of the urethra, just behind the glans. The pain now increased, and also the difficulty in passing water. Up to this time the prepuce could be easily drawn back. The lump continued to increase toward the skin, which in a few weeks prevented any moving backward of the prepuce, so that there was a phymosis. In December, the skin was ulcerated, and nitrate of silver was applied without relief. The ulceration enlarged slowly. Great difficulty was now experienced in passing water, which came away very slowly and by drops. In February, the darting pain was more frequent. For the last two months there had been no particular change in the symptoms, except that he observed some drops of urine escape from an opening in the ulcerated skin beneath the frænum, indicating a communication with the urethra. It also took a longer time for the urine to dribble away. From the orifice of the prepuce, there escaped, on pressure, an opaque, milky-white discharge. The phymosis continued, keeping the glans entirely out of sight. To the touch, the glans seemed smaller than natural, and of a scirrhous hardness, particularly its anterior upper half and the whole of its under surface. From the under surface of the urethra behind the glans, and proceeding from it, was a hard, round mass of the size of a pipe-stem, which terminated externally in the ulcerated portion of the skin. This ulceration was no larger than a ten-cent piece, and had by no means an unhealthy red look. There was no glandular enlargement in the

neighborhood of the penis. A few days previous to the operation, the pricking, darting pain had become more frequent and acute.

The operation was performed by making an incision through the penis, just anterior to the scrotum. The hæmorrhage was very free, and seven or eight ligatures were applied before it was arrested. A catheter-bougie was then introduced into the bladder, and retained there by tape.

On a section of the part removed through the dorsum, the disease was fully exposed. The sound on cutting it was very similar to that noticed in scirrhus. The disease seemed to have very well-defined borders for an epithelial cancer, occupying more particularly the inferior and anterior surface of the glans. The canal of the urethra, at a point just behind the glans, was so contracted as hardly to admit the passage of a common probe. From the urethra, near this spot, was a small opening, which passed through the hardened mass and terminated externally in the ulceration.

May 24th.—*Calculus obstructing Labor; Vesico-Vaginal Fistula; Lithotrity through the Fistula.* Dr. Hodges showed fragments of the calculus and related the case.

The patient was an Irish woman, 32 years old, sixteen years in this country. She had always lived in the western part of the State. For five weeks preceding her last confinement, two years and seven months since, she had painful micturition for the first time in her life. Her labor lasted seven days, and the physicians in attendance attributed the delay to the presence of a stone in the bladder. The child was delivered without instruments. In ten days she was up and about the house, and for five weeks had no trouble. She then began to have offensive and thick purulent urine, and, finally, at the end of seven weeks, took to her bed from inability to walk about or sit down. She was confined to it for eleven months, and during this period she passed calculi from the bladder, sometimes as many as four at a time, and varying from the size of a pea to that of a walnut. She has passed none for a year. A catheter detected the existence of a calculus, and on examination per vaginam, a large vesico-vaginal fistula was found, admitting the finger, which came in immediate contact with the calculus. The vagina and inside of the bladder felt rough to the finger, like sand-paper, from the deposit of phosphates. A pair of lithotomy forceps, introduced through this aperture, crushed a very soft stone, and five drachms of fragments were removed. Great relief has followed the operation.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 3, 1858.

MASSACHUSETTS MEDICAL SOCIETY—ANNUAL MEETING.

The Annual Meeting of our State Medical Society was holden at the hall of the Lowell Institute, in this city, on Wednesday, May 26th, and was very fully attended. It is stated that about six hundred members were present. Although the day was cloudy, and a sharp

easterly wind was blowing, no rain annoyed the delegates, either in their individual capacities when visiting and leaving the hall, or when in formidably long array, to Faneuil Hall they took their sinuous way; where, thronging in, the larger and the thinner partook with relish of a sumptuous dinner.

We were unable to be continuously at the Hall of the Institute during the morning's proceedings; but from all we heard and saw, and from reliable information since furnished us, we can state that the meeting was characterized by the most pleasant and kindly intercourse; and also that, instead of debating points of order, and spending time unprofitably upon topics irrelevant to the occasion—such as altering the By-Laws or discussing vexed questions of ethics—most of the forenoon was devoted to scientific questions, the reading of papers, &c. &c. Whether the presence in the hall of several flourishing specimens of the *Veratrum Viride*, sent by our enterprising and generous brethren of Middlesex East District, together with some four hundred or more two-ounce bottles of the tincture of the same plant gratuitously distributed amongst the members by them, occasioned the unwonted calmness and good nature pervading the assembly, we are not prepared to say. It occurred to us that the powerful influence of the *Veratrum* as an *arterial sedative*, might be credited with the state observed; in which event we suppose it would be argued that the remedy acted *homœopathically*, by being snuffed into the nostrils—or that its effluence, by dint of the repeated shakings the bottles must have received in the pockets of their recipients, became ower potent, and actually affected the system through both glass and wrapper!

Apropos of the *Veratrum*, we would say, for the benefit of those who wish to obtain some of the same quality of the tincture, that the balance of the Middlesex supply is now for sale by Messrs. Metcalf & Co., No. 39 Tremont Street.

The following papers were read before the Society:—

On Ovariotomy, by Dr. Kimball, of Lowell;

On Veratrum Viride, by Dr. Ingalls, of Winchester;

On Zymoses, by Dr. Benjamin Cutter, of Woburn;

An explanation of Dr. Swett's anterior splint for the thigh and leg; and

On a modification of Desault's splint, by Dr. Chapin, of Winchester.

It was announced by the Prize Committee that no essays had been sent in. The same prize is offered for the ensuing year, and the same subject continued. The sum offered is one hundred dollars, and the question is, "To what affections of the lungs does bronchitis give origin?" Physicians of every country may compete.

A petition, presented by Dr. Alvah Godding, of Winchendon, for himself and twenty others, asking that certain towns in the counties of Worcester and Middlesex be formed into a new District, and a District Medical Society organized, was granted.

The Annual Address was delivered by Dr. Adams, of Waltham, and gave all the latest ideas upon the subject of Vaccination. It was a well written, sound and valuable discourse.

We intended to have previously referred to the evident success which characterizes the meetings when holden in Boston, so far at least as respects attendance. They are invariably large when they take place here; and we believe that the Society as a body are generally better pleased to have them here. One important result from

having them in Boston is, that by reason of the full representation of members, the Treasury is well and promptly filled, and no deficiency is incurred, to lie over and embarrass every necessary movement for a year or more. We learn that owing to the small attendance at New Bedford last year, a serious deficit is found now to exist. Only one hundred and seventy-one dollars were received at New Bedford, whilst here, this season, about one thousand are already paid in. The Treasurer calls loudly upon members to discharge their neglected dues. The actual liabilities amount to $1634; payments looked for daily, will, however, reduce this materially. The Shattuck legacy ($9,166) is received; its income is to be devoted to liquidating the expenses of the Society's publications. The present income of the funded property is about one thousand dollars.

We omitted to state the substance of a Resolution which was offered by Dr. Bowditch, and which passed unanimously, viz., "that the plan devised and carried out by the Middlesex East District Society, for the Registration of Zymotic Diseases, be adopted by the whole State," &c. The passage of the resolve testifies to the high estimation in which the aforesaid method of registration is held.

In respect to the social *réunion* in Faneuil Hall, and the progress thither, we can testify to the zeal and earnest endeavors of the Chief Marshal, Dr. W. E. Coale, in forming the procession and regulating the festive proceedings. On these and similar occasions, we think unconditional obedience should be rendered to the powers that be, in carrying out the plan they establish. Processions should form and move under the explicit direction of their officers, and those who compose them will find their account in so doing. We observed that the regular troops, who conformed to orders, not only obtained the first entrance to the hall, but secured enviable places at the table, both which privileges they deserved by their loyal adherence to regulations.

The dinner, which did great credit to the Committee of Arrangements as well as to the immediate caterers, was discussed with becoming diligence; and the supply seemed fully equal to the demand. Of the literary feast which followed, we cannot present a competent digest. It was often difficult to hear the words of the speakers. The Anniversary Chairman, Dr. Bartlett, of Concord, did his duty in calling out those who could do honor to the occasion. The worthy President of the Society, Dr. Bell, of Charlestown, was prevented, by ill health, from offering any extended remarks. The Chaplain of the day, according to the Anatomical Professor, "arose a Star[r] King, and sat down jo-king"; the Law, represented by Judge Hoar, of Concord, stood in suitable "awe" of the presence it confronted. The speech of the Judge was excellent, and did especial honor to the "Country Doctor." We unfortunately heard but little of the always acceptable remarks of the "Nestor" of our professional army; but we know that he advocated good-will amongst the brethren, and also urged the adoption of a higher standard of medical qualification, one means of attaining which, he suggested, is a longer period of preparatory study—allowing *five* instead of three years. The proposition evinces excellent judgment, and should be adopted; it would keep many a worthless member out of our ranks.

It would be quite impossible for us to follow the champion of "Nature" through the mazes of that "Art" by which he held the attention of the audience so long enchained. The best sentences

which we, at some distance, were able to glean from his disquisition, were those directed towards infinitesimal doses and dosers. We can only trust that the confidence of the public in the efficacy of medical ministrations will be largely increased by whatever is offered in their favor by so distinguished authority. It is to gentlemen thus high in our profession, that its younger members naturally look for support and assistance in their assiduous efforts to win a portion of that confidence. May they never be disappointed. We are sorry, however, to find it not infrequently the impression, that because our teachers rightly recommend to us to be sparing of drugs, and to handle those we use, judiciously, they are counselling absolute non-intervention. The profession are doubtless well aware that this is not the fact, but, for some reason or other, "all the world and his wife" incline to interpret their language wholly the other way. More's the pity, for them and us too!

And last, not least, let us return to our own homes (Holmes)! We regret that we are not authorized to print the graceful lines which followed the pertinent exordium of the "Professor." We cherish, however, the earnest hope of seeing them elsewhere in type. Already, we have recorded a royal joke from this ever welcome contributor—we would gladly, were we permitted, transfer the pathos and music of his lyric to our pages also.

Having withdrawn at this stage of the proceedings, we cannot say what took place subsequently, nor do we consider ourselves responsible therefor. On the whole, we are not sure that Faneuil Hall was ever put to a much better use; and we congratulate the efficient Committee of Arrangements, the officers of the day, and the whole Society, upon the very successful and gratifying observance of this, their 76th anniversary. May there never be any more shadow for the Society, than what may be cast by the increasing substance of its venerable corporation!

THE USE OF STIMULANTS IN POST-PARTUM HÆMORRHAGE.

In those alarming cases of hæmorrhage after delivery, where every sign betokens death, and almost entire collapse exists, the natural prompting of the practitioner's mind is to rally the patient by some stimulant as immediate in its action as possible. To be sure, the first indication is to cause contraction of the uterus and thereby shut the fountain from which the stream of life is flowing away. If the accoucheur have had notice of the case, and especially if he is aware of any similar accident in a previous labor, he will be prepared for the emergency. But suppose he is called suddenly to a patient and finds the child born, the placenta partially or wholly detached, and the blood steadily and profusely escaping. The woman probably gives all possible evidence of extreme peril; her lips are white; cold perspiration stands upon her face; she sighs frequently (ominous sound!); the pulse is a mere flutter in the artery, or cannot be felt at all—what is the next step, after separating the child, extracting the placenta, and grasping the uterus or dashing cold water upon the abdomen? We venture to say that nine out of ten physicians would administer tincture of opium, and brandy freely. Ergot, it is true, is to be thought of, but should preferably have been given previously to labor, had the contingency been foreseen; and given afterward, there is abundant evidence that it will not always answer our purpose. Moreover, what

can supply the place of diffusible stimuli at such a moment? We ask this question with much interest, because no less an authority than Mr. Higginbottom, of Nottingham, England, has lately repudiated the practice of giving stimuli in these cases. He says, in the *Lancet* of March 6th, 1858, "For more than thirty years I have lost all confidence in the diffusible stimulants, such as wine, brandy, &c., in uterine hæmorrhage, from a conviction that they increase the arterial circulation, and consequently the hæmorrhage." Mr. Higginbottom thinks that in most, if not in all cases, the frequent repetition of the stimulant, which seems called for, at short intervals, by the manifestation of returning collapse, is not only likely to increase the flooding, and by consequence the prostration and danger, but that, at last, unless the stimulants taken are ejected by vomiting (when the stomach becomes distended), narcosis from alcohol will ensue, and the patient will die comatose. "Alcohol has caused her death, not hæmorrhage." From observing that such patients, after vomiting of the brandy, &c., swallowed, often immediately rallied and exhibited no further signs of an alarming nature, Mr. H. has been led to the adoption of a new principle of treatment in these cases. Instead of waiting for the vomiting which *may* follow large doses of stimuli, he at once gives an emetic of ipecacuanha, and declares himself entirely willing to trust to it, even in the most urgent cases. He also uses laudanum and ergot. The following is his language upon this point. "The ipecacuanha emetic, in half-drachm doses, I consider a perfectly safe remedy, which may be used in any case of severe flooding, but I have hitherto given it as a *dernier ressort.* I have found the secale cornutum, *if good*, to answer in most cases. In other cases, I have given a drachm of the tincture of opium with decided benefit; if not fully relieved in half an hour, half a drachm more, but I have had very rarely to repeat the remedy a third time; the tincture of opium has had the effect of checking the hæmorrhage, and also of relieving the pain."

We cannot but express a doubt as to the general adoption of this rule of practice (we mean dependence on emesis); and we observe two communications in a subsequent number of the *Lancet,* in which the perils of delay in arousing the sinking vitality of patients who are flooding, are strongly represented. In a case recently under our own care, where the labor was exceedingly rapid, and the child born before the patient could be reached—it being in the middle of the night—we firmly believe that death must have occurred but for brandy, and water of ammonia, in conjunction with the well-known and usual local means. In a similar emergency, notwithstanding the weight of Mr. Higginbottom's experience and authority, we confess that we should not dare to rely upon the production of emesis by ipecacuanha, or anything else, to restore the patient. May we ask if any one would?

We may add that in the case just referred to, nausea and vomiting *did* finally occur, and the latter very freely; but the collapsed condition was recovered from *before*, and not *through the influence of*, the emesis. What is Mr. Higginbottom's theory as respects the action of the ipecacuanha in these cases? Does he suppose that the pressure exerted by the diaphragm on the abdominal muscles causes contraction of the uterus, and so cessation of the bleeding? Such an action may be supposed; can it be proved? And does he not, in most bad cases, use many other powerful adjuvants? If ipecacuanha, in emetic doses, will alone, and effectually, stop *post-partum* hæmorrhage, we should be glad to know it.

Charcoal in the Treatment of Ulcers.—M. Oporti succeeded in healing a very large ulceration over the sacrum, following typhoid fever, which had long resisted a variety of treatment, by sprinkling it with finely powdered willow charcoal, and then applying on a rag an ointment made by mixing charcoal with olive oil. The effect of this treatment was made evident by changing it for powdered Peruvian bark, when the ulceration commenced discharging with abundance, but again assumed a healthy look when the charcoal was re-applied. Presuming that the beneficial effects of the charcoal were owing to its absorbent properties, M. Oporti imagined that in a state of still finer division it would become more active. He therefore adopted the following composition: lampblack, 100 parts, extract of opium, 1 part, intimately mixed, and applied directly to the ulcerated surface. This preparation has the advantage of containing a minute quantity of creasote, and is stated to have been employed with excellent results.—*Gazette des Hopitaux,* from *Ann. Méd. de la Flandre Orientale.*

Glycerine with Alum and White Precipitate.—Dr. Anciaux recommends the following formula in the local treatment of erysipelas, obstinate eczemas and atomic ulcers: alum, in impalpable powder, 30 parts; white precipitate, 1 part. Triturate them well together, put them in a phial and add glycerine, 90 to 100 parts. Shake the phial, until the mixture assumes the consistence of cream, each time it is applied.

The leading editorial of last week's issue was accidentally misnamed. Instead of the caption, "Infants—Mortality,"—a mingling of terms nearly destitute of significance—the title should have been printed thus—Infant Mortality. A dash between the words, in the copy, misled the compositor, and an s slipped in by mistake.

Health of the City.—The most striking feature of the mortality of the last week is its smallness, the number of deaths having been but 58, four of which were from accident, and including none from typhoid fever or scarlatina. The number for the corresponding week of 1857 was 60, of which 11 were from consumption, 3 from pneumonia, 6 from scarlatina, and 3 from typhoid fever. Our healthy season has now fairly commenced, and we trust the doctors will have but little to do before August, and will take advantage of their leisure to recruit their strength by travelling, or by visits in the country or at the seashore.

Married,—In this city, 25th ult., Eugene de Courcillon, M.D., to Miss Adelaide Louise Wentworth.—In New York, 22d ult., John L. Sullivan, M.D., formerly of Boston, to Miss Susan Craig Macash, of Belfast, Ireland.

Died,—At Sunderland, 17th ult., Dr. Washington Miller, 61.

Communications Received.—Successful Operation for the removal of the Superior Maxillary and Malar Bones.—Letter from Dr. J. O. Harris.—Obituary Notice of Dr. Henry A. Ford.
Books and Pamphlets Received.—Quackery Unmasked, by Dan King, M.D., Taunton, Mass.

Deaths in Boston for the week ending Saturday noon, May 29th, 58. Males, 34—Females, 24.—Accident, 4—apoplexy, 1—abscess in throat, 1—inflammation of the bowels, 1—congestion of the brain, 2—consumption, 14—convulsions, 3—croup, 1—dropsy in the head, 4—drowned, 1—infantile diseases, 3—puerperal, 1—exhaustion, 1—disease of the heart, 1—hæmorrhage, 1—intemperance, 1—inflammation of the lungs, 2—meningitis, 1—measles, 2—old age, 2—palsy, 1—pleurisy, 1—premature birth, 1—teething, 3—thrush, 1—unknown, 2—whooping cough, 1.
Under 5 years, 24—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 39—Ireland, 14—other places, 5.

Mass. Medical Society.—The following list of officers were chosen at the annual meeting of the Society in this city: Dr. Luther V. Bell, Charlestown, *President.* Dr. Thomas R. Boutelle, Fitchburg, *Vice President.* Dr. Benjamin E. Cotting, Roxbury, *Corresponding Secretary.* Dr. John B. Alley, Boston, *Recording Secretary.* Dr. William E. Coale, Boston, *Librarian.* Dr. Augustus A. Gould, Boston, *Treasurer.* Dr. Timothy Childs, Pittsfield, *Orator for* 1859. Dr. H. L. Sabin, Williamstown, *Anniversary Chairman.*

The New College Hospital on Long Island.—Brooklyn is at length to be endowed with a competent hospital for the suffering poor, as well as for the practical advancement of medical science. Its inauguration takes place on the 3d of June, at the Brooklyn Athenæum, on which occasion a grand dinner is to be given by the patrons and friends of the institution.—*New York Times.*

Professor Gregory.—Professor William Gregory, of Edinburgh University, died on Saturday evening, the 24th ult., after a protracted illness. He was one of a race of distinguished Scotch professors, his father having been the celebrated James Gregory, professor of medicine in the same university, and several of his ancestors having held a high place in the academic literature and science of Scotland. William Gregory was a very able and accomplished chemist. He was a favorite pupil of Liebig, and was the translator of some of his master's works from German into English, besides being the author of several treatises of great merit. He successively filled the chairs of chemistry in the Andersonian Institution, Glasgow, King's College, Aberdeen, and Edinburgh University, having been appointed to the latter in 1843.—*London Lancet,* May 1, 1858.

Insanity: Murder and Suicide.—At the meeting of the Academy of Medicine of Paris of the 6th inst., M. Devergie read the case of a man who had for a long time given signs of undoubted derangement of mind, connected with attempts at murder. He was examined by a magistrate, who declared him harmless, and granted him the fullest liberty. (It is not said whether medical men were consulted on the subject.) The unfortunate patient at last succeeded in killing a fellow creature, went then to his house, set fire to it, and blew out his brains. The destruction of the house was effected by this wretched man in order to annihilate bank notes of the value of £1600, which he always carried upon his person, and which he was unwilling to leave to his family.—*Ibid.*

Chlorine Fumigations in Cholera.—M. Nonat draws attention to the remarkable effects which during the epidemic of 1854 the extrication of chlorine seemed to exert in preventing the propagation of cholera by patients admitted with that disease into this ward in La Pitie. He contrasts this result with what was observed in the same wards in 1849, and in those of his colleagues, in which chlorine was not employed. He employs the chlorite of lime, distributing it in several small vessels through the ward, in preference to one or two large ones. Some of these vessels should be especially placed near the patients who are emitting the cholera miasmata in abundance. The fumes should not be disengaged in quantity sufficient to be perceived.—*Moniteur des Hopitaux.*

Chloroform in Vomiting in Consumption.—Dr. Baron calls attention to the advantage he has derived from the administration of small doses of chloroform in the vomiting which so frequently accompanies the cough in phthisis. In all cases where he has tried the plan, amelioration has rapidly ensued. He gives twelve drops in a gummy julep in the course of the twenty-four hours, and in some cases still smaller doses relieve. He is about to try the same treatment in the vomiting of pertussis and pregnancy.—*Gazette Medicale.*

Tartar Emetic in Bright's Disease.—M. Legroux, of the Beaujon, has derived great benefit from the employment of tartar emetic in sufficient doses to produce frequent vomiting and purging, giving the patient, when much exhausted by the treatment, a few days' interval of rest. He attributes some of the advantages he has derived to the simultaneous employment of the *spiræa ulmaria,* as a tisane, this being a valuable diuretic, though not always a faithful one.—*Gazette des Hop.*

A portrait of Prof. Dunglison, of Philadelphia, is to be given in the July number of *The Charleston Medical Journal.*

THE

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SUCCESSFUL OPERATION FOR THE REMOVAL OF THE SUPERIOR MAXILLARY AND MALAR BONES.

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[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—As the removal of the maxillary and malar bones is one of the infrequent operations in surgery, perhaps the incidents in the following case may prove interesting to some of your readers.

The patient was a Mr. Ira Clifford, of Warren, N. H., a farmer, 55 years of age, and had previously been healthy. There was, however, a scrofulous taint in the family, and during the year 1854 it manifested itself. The cervical glands became enlarged, and the patient fell into a cachectic condition. An appropriate constitutional treatment was resorted to, and in a few months the enlarged glands returned to their original size, and the patient regained his normal tone. Aside from this, no hereditary disease was known to have existed in the family. In the summer of 1855, Mr. Clifford began to experience difficulty in masticating his food on the right side. The teeth, also, upon this side gradually became discolored. In the fall of 1856 he had a tooth extracted, and ever afterward there was a discharge from the right nostril. This consisted of pus, and the greater part of the time was extremely fœtid. In August, 1857, the second molar was extracted, and this operation was followed by a good deal of hæmorrhage. In the month of September following, he first consulted a physician, who removed two more of the teeth. In October, an opening was made through the alveolar process into the antrum. Through this opening there was a considerable discharge of pus up to the time of the operation. In November, the cheek began to enlarge toward the inner angle of the eye. Early in December, a profuse discharge occurred from the right nostril, and the canine tooth was drawn. January 26th, 1858, the antrum being much distended, and the cheek continuing to enlarge, an opening was made just beneath the eye, followed by a free discharge of pus. A probe passed in at this opening, made its way through the antrum, and reached the open-

ing previously made through the alveolar. Meanwhile the patient was treated to iodide of potassium, and the antrum injected with a solution of the chloride of zinc.

February 24th, the patient came into the hands of Dr. A. G. French, an exceedingly intelligent young physician residing at Warren, who subsequently had charge of the case. To his assiduous care and skill is due much of the success which attended the operation. February 25th, Dr. French enlarged the opening upon the cheek, but advised the patient to have the diseased maxilla removed immediately. I was called in consultation with Drs. French and Stearns, and fully coincided with them as to the propriety of an operation. Some palliative measures were advised; but in a few days the patient became *im*patient, and on the 5th of March the operation was performed. There were present at the operation, Dr. A. G. French, the attending physician; Dr. Peter L. Hoyt and Dr. A. B. Crosby. Messrs. Shaw, Fellows, Smith, Crosby and Whipple, medical students, were also present and assisted.

The patient being firmly secured in a chair facing a window, chloroform was exhibited until complete anæsthesia was induced. An incision was then made, commencing at the external angular process of the frontal bone, and terminating at the angle of the mouth. The incision was in the form of a curve, the convexity being backward. Another incision was now made, commencing at the internal angular process of the frontal bone, passing down the side of the nose and separating the ala, finally splitting the lip in the course of the philtrum. An incision was now made, one inch in length, commencing upon the malar bone and passing backward along the zygoma. The whole cheek was then dissected upward, detaching it from the bone, and turned up over the eye. A branch of the coronary artery, and one of the facial, were divided, but were readily controlled by pressure. The anterior wall of the antrum was found to be partially destroyed, apparently by caries. The orbital wall was in the same condition, and the remaining walls were much expanded. On dissecting up the cheek, several ounces of offensive matter escaped from the antrum, and for a time threatened to deluge the patient's mouth. The eye being gently separated from the external wall of the orbit, a pair of strong bone pliers were applied, so as to divide the articulation between the malar and frontal bones. The same instrument was employed to divide the zygoma. One blade was introduced into the nostril and the other into the orbit, and the intervening bone cut through. The middle incisor tooth of the right side was now extracted, and a very strong pair of the bone pliers cut through the alveolar and palate processes of the bone. The remaining points of attachment to the soft parts were easily separated by the knife, and the diseased mass was removed. From the fact that the orbital was partially broken down, portions of bone remained adherent. These were removed, until all the parts remaining were healthy.

The operation occupied seventeen minutes. Dr. French and my son, Dr. A. B. Crosby, took charge of the dressing. Five twisted sutures were employed: two in the lip, one on the side of the nose, and two in the curved incision. This brought the cheek fully into position over some tow which had been introduced into the cavity. Several interrupted sutures were introduced, so as to coaptate the edges of the wounds throughout their whole extent. A simple water dressing was applied, and the patient removed to his bed. For the subsequent history of the case, I am indebted to Dr. French, who was so kind as to keep a record of it.

"March 5th—Three hours after the operation. Re-action is well established in the flap. The pulse is 90 in the minute, and of good tone. The hæmorrhage has been checked by injecting a solution of alum.

6th, 9 o'clock, A.M.—Patient rested well during the night. His pulse is 85 in the minute. Have given him food and drink through a tube. The wounds have healed throughout their whole extent. Have dispensed with all medicine, simply enjoining quiet. 11 o'clock, P.M.—Pulse 100 in the minute. Have given him a laxative of rhubarb and castile soap. Have removed the tow from the mouth, and the discharge seems healthy.

7th, 5 o'clock, A.M.—Patient has not rested well during the night. Has a pulse of 60 in the minute; extremities cold, and a disposition to sink. Have resorted to friction, and administered brandy and quinine. 8 o'clock, A.M.—Pulse 70, and of sufficient tone.

8th, 9 o'clock, A.M.—Patient has slept well. Pulse 70. Have continued the stimulants and tonics.

9th.—Patient is doing well. Pulse 65, and of good tone. Have removed the middle suture on the cheek. The parotid gland is somewhat enlarged.

10th.—Patient continues improving. Have removed the remaining sutures, and applied adhesive strips and collodion. The discharge from the cavity is now moderate and healthy. Have given an enema to procure a movement of the bowels. Have ordered porter and quinine.

13th, 15th and 18th.—Everything has continued favorable, and the patient is constantly improving."

Some time after this, I received a letter from Dr. French, saying that the wound over the zygoma had re-opened. I suggested there might be a spiculum of bone which had caused the mischief, and advised a thorough probing, and its removal, if found to be the cause. I received another letter, bearing date of May 3d, from which I make the following extract:

"Mr. Clifford came down to see me last Saturday, and feels first-rate; says he has no doubt but he should be able to walk four or five miles! Has a good appetite; rests well, and is free from any pain. The opening upon his face has closed up."

I have since learned that the patient is quite well, and the deformity much less than might have been expected. Judging from the appearance, I do not think the disease was cancerous in its character. I intended to have examined the morbid specimen under the microscope, but was prevented from doing so until it was spoiled. Considering the progress the disease had made before the operation, the result has been much more favorable than we had any right to expect.

Dartmouth College, Hanover, N. H., June, 1858.

DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER IN GREAT BRITAIN, DRAWN FROM ORIGINAL OBSERVATIONS.

[Continued from page 337.]

I HAVE already given illustrations of the fever in its moderate and mild forms, and one case of the severer type, uncomplicated and without sequelæ, terminating in convalescence and rapid recovery. I propose now to adduce two other instances of the disease in its intensity, and a single fatal case, with a minute and detailed account of the *post-mortem* appearances found.

CASE V.—A man, without known cause, imperfect history—rigors—pains—anorexia—depression—rash on or about the fifth day—suffused eyes—dusky skin—offensive odor of surface—impeded respiration, 32 to 60—compressible pulse, 84 to 120, uniform at 120 from seventh to fourteenth day inclusive—moderate tympanites and tenderness—aggravation of symptoms on or about the tenth day—dry, brown, black, fissured, swollen tongue—sordes—ferrety eyes—pungent heat—livid and petechial spots—interrupted breathing—restlessness, stupor, subsultus, raving delirium—entire prostration—fading of rash on or about the thirteenth day; gone, except on the abdomen, on the fifteenth—convalescence—rapid recovery. In detail as follows:

John Collins, a laborer, 20 years of age, was admitted into the London Fever Hospital, under the care of Dr. Southwood Smith, on Friday, 3d June, 1853. He was born in London; is a strong, well-made man. Said to be of good habits. No reliable particulars could be obtained of his previous condition. He is said to have been seized on Monday evening (30th May ult.) with the preliminary symptoms of the fever: rigors—pains—anorexia—nausea, &c. &c. June 3d, when admitted, as I learned from Dr. Sankay, the rash was beginning to make its appearance pretty extensively over the surface. He had a dusky face; hot and dry skin, with great sensitiveness; respiration irregular; abdomen natural; pulse 108, soft, full and regular.

I first saw this case on the 5th June, when the following notes were made.

General appearance of much exhaustion; much restlessness during

the night, groans in his sleep. Patient lies on his back, in a stupid state. Skin is very hot, pungent to the feel, painfully sensitive, emits a strong and offensive odor. Some muscular disturbance; tongue is protruded with difficulty; respiration hurried and irregular; abdomen somewhat tender on pressure; bowels natural; urine high colored; pulse 120, very soft and compressible. To take the strong fever-mixture—wine, ʒ iv.; beef-tea; milk and water *ad libitum*.

June 6th.—Great prostration; lies mostly only his back; mind confused; is dull and stupid; general powers weak. Nurse says he has slept pretty well. Face is flushed and dusky; eyes suffused; tongue heavily coated in centre, clean at edges and tip, tremulous, protruded with difficulty; respiration 58, sighing, irregular; coughs and expectorates dark-colored, reddish, thick sputa; resonance good, both dry and mucous râle heard anteriorly; spots dark, of mulberry hue, gradually diffused over the body; skin hot and dry, emits a pungent and offensive odor; some general nervous disturbance; subsultus; abdomen natural; three stools, dark and offensive; urine free and high colored; pulse 120, full, regular, of good volume. To continue fever-mixture, with wine, beef-tea, &c., *ut heri*.

7th.—Patient said to have slept but little, and to have moaned and started in his sleep. Intelligence dull, but is conscious when roused. Complains of much general pain. Eyes are much suffused; face flushed, fuliginous; tongue protruded with difficulty, rather dry in middle, moist at tip; much fœtor of breath; sordes on teeth and lips; coughs much, but raises little; respiration 52, difficult and irregular; resonance good; pulse 120, regular, but jerking; three stools, dark, fluid; urine free, high colored. Skin very hot, dry and sensitive. Spots generally diffused, darker in hue, not raised, but imbedded in substance of skin, persistent, some of them petechial. To continue same treatment.

June 8th.—Is reported to have slept but little, and to have moaned and talked incessantly during the night. Complains of no pain; more stupor; eyes much suffused; tongue very dry, red, shining, protruded with difficulty; skin dry and very hot; pulse 120, soft, compressible; respiration 56, irregular; bowels natural; two stools, out of bed; urine out of bed; spots less marked; some are persistent under the finger, others fade, others wholly vanish on pressure. Treatment to continue.

9th.—Patient is stated to have left his bed at 7 last evening, afterward grew wild and refractory, "hallooed, raved, stormed and swore the night through." Is now confined by straps, and comparatively quiet; face is much flushed, dusky, fuliginous; eyes suffused, ferrety; cheeks hot to the touch; tongue protruded with great difficulty, is loaded with foul black coat, dry and crisp; very abundant sordes on teeth and lips; respiration 60, short, sighing, imperfect, difficult, drawn apparently from top of lungs only; no

cough of consequence; chest resonant on percussion anteriorly, except at upper part of left lung, where there is some dulness; dry râle on application of stethoscope; pulse 120, moderately full, regular; bowels tender on pressure; some tympanites; three stools, in bed, light, watery; urine plenty, in bed; surface hot (calor mordicans), dusky, covered with dark mulberry-hued spots, some livid and running together, and persistent. He is taking of am. sesquicarb., gr. v.; mist. camph., ʒ iss. ("strong fever-mixture"); fl. ʒ i. every four hours—sherry wine, ʒ iv. in course of the day; also, beef-tea *p. r. n.*, and the usual drink, milk and water, *q. s. ad libitum.*

I have no notes of this case on the 10th.

11th.—Patient is stated to have slept none. He lies on his back, with no power to turn; rolls his head from side to side incessantly, makes no noise or complaint; no intelligence; eyes are injected, ferrety, watchful; tongue swollen, thick, dry, black, cannot be protruded; abundant black sordes on teeth and lips; respiration 68, short, quick, at times interrupted; coughs a little, expectorates with much difficulty; belly sunken, a little sensitive to pressure; two stools, dark, tarry, offensive, in bed; pulse 120, weak, compressible; subsultus tendinum; dry, burning, pungent skin; odor from surface very marked and peculiar; rash fading, except on abdomen, where it remains abundant, livid, persistent; surface generally has a dusky, fuliginous hue. He is taking the strong fever-mixture of the house as yesterday, with beef-tea and four ounces of wine.

12th.—Raved the most of the night, but is reported to have slept four hours toward morning; expression of much stupor, approaching to coma; no intelligence; decubitus dorsal, with no power to turn or move; eyes closed; tongue dry, cracked, swollen, cannot be protruded; teeth and lips loaded with sordes; his hands are tremulous, and there is much nervous disturbance; breathing 60, interrupted, noisy, laborious, accompanied by moaning; 2 stools, dark, offensive, in bed; abdomen sensitive to pressure; water very plenty, in bed; pulse 120, of moderate strength and volume; skin hot, dry, harsh, communicates a burning sensation to the hand; surface has a dusky, tawny hue; spots disappeared, except from abdomen, where they remain imbedded in the skin. Has had three ounces of gin since yesterday.

13th.—Slept but little; muttering and picking the bed-clothes at night; hands tremulous, and is constantly working them together and grasping the air; decubitus on back; great weakness, unable to turn or move; intelligence very dull, but understands a little when roused; face fuliginous, apathetic; eyes closed, some strabismus; tongue covered with dirty, thick coat, less dry; teeth and lips loaded with foul sordes; breathing 56, irregular, with moaning, easier than yesterday; belly natural to appearance, a little tender to the touch; stools dark, offensive, frequent, passed in

bed; urine abundant, in bed; pulse 108, of moderate strength and volume; subsultus at wrist; skin cool; spots gone; is taking the strong fever-mixture, wine four ounces four times a day, in addition to three ounces of gin in the day.

14th.—Is reported to have slept better, but to have moaned and muttered at times. This morning at 8 sat up for a moment, but immediately fell back; intelligence is good when roused, recognized the nurse, expressed himself as feeling better. Is now lying on his side, and seems in a natural sleep. General expression better; respiration 48, more regular, easy, still accompanied with occasional groans, is impeded by presence of mucus in the bronchi, which he has not the power to throw off; abdomen natural; three stools, liquid, abundant; urine free; tongue cleaning in spots; pulse 112, soft, compressible, of moderate volume; skin soft, cool, natural.

15th.—Slept well and continuously for most of the night; general aspect much improved; intelligence good; powers stronger; lies on his side; eyes clearer; face less flushed; tongue has still a dry, brown coat along its centre, edges and tip natural; but little cough; expectorates with ease; respiration 32, easy, natural; pulse 84, regular, of good volume, compressible; still some thirst; appetite returning; skin cool, natural; abdomen natural, free from tenderness; three stools, dark, liquid, out of bed; urine free, out of bed.

No further notes were made of this case. It is an example of the fever in its severe form—showing great prostration of the vital powers, in which the flagging energies were manifestly sustained by stimulants, and nourishing diet and drinks, sometimes in the face of symptoms indicating, under ordinary circumstances, a course to the contrary. It was mostly uncomplicated. The bowels, however, were moderately affected, as evidenced by the tenderness and tympanites; and at times the brain and respiratory tract seemed to bear the brunt of the disease.

Case VI.—Without previous history or known cause—loss of appetite—depression—dulness of intellect and senses—deafness—furred, swollen, not uniformly dry tongue—no sordes—suffused eyes—dusky skin—thirst—abundant mulberry rash—slight cough—somnolence—surface moderately hot and dry, sensitive—respiration irregular, laborious, imperfect, accompanied with moaning, 36 to 44—mucous râle—dulness on percussion at base of left lung—slight tympanitis—nervous and muscular agitation—tremulousness, subsultus at wrists—picking at bed-clothes—extreme prostration—involuntary stools and urine—muttering, raving delirium—dark, livid, petechial spots—pulse 96 to 140, moderately full, soft, compressible—disappearance of rash—convalescence and recovery.

Bridget Fitchgerald, 35 years of age, was admitted into the London Fever Hospital on the 30th May, 1853. She was brought from the work-house in the Strand, in a state of much prostration. Her previous history could not be learned. This patient first

came under my notice on Friday, 3d of June. The record of her case previous to this time is gathered from the Hospital Register, and is as follows: May 30th (day of admission), there was dulness of intellect and of the special senses. General powers were feeble; patient unable to turn in bed; answers questions with hesitancy and effort; tongue is furred and dry; no appetite, much thirst; some cough; pulse 134; body covered with abundant mulberry rash. To have the strong fever-mixture (mist. carb. ammon.), wine and beef-tea. On the 2d, she is reported to have slept a good deal; general expression heavy, features dull and relaxed; patient complains of feeling cold; skin dusky; tongue dry; one stool; pulse 134; rash darker, persistent. To have four ounces gin.

June 3d.—Patient has slept during the night. There is now much pain in the head and limbs; dusky hue of face; suffused eyes; tongue is swollen, dry and crusted along its centre, furred at the edges, red at tip. There is some cough; no appetite; urgent thirst; no stool; urine scanty, passed unconsciously; rash generally diffused, of mulberry hue, fades, but does not disappear, under the finger; the pulse is 128, weak, compressible; there is great prostration; decubitus dorsal. Vin. albi, ʒx.; strong fever-mixture.

4th.—Passed an unquiet night; general expression of prostration; can be roused with great difficulty, and then understands questions partially; moans constantly; eyes much suffused; face dusky; tongue loaded with white fur; respiration 48, irregular, laborious; chest resonant; abdomen natural; pulse 140; a little subsultus at wrist; skin not very hot; spots abundant, dark, persistent, tending to petechial; decubitus dorsal, slips down in bed. Strong fever-mixture—wine—gin—beef-tea—milk and water, *ad libitum.*

5th.—General aspect is that of extreme depression; decubitus dorsal, slips in bed; picks and pulls at the bed-clothes; moans and talks incessantly; intelligence obscured; face dusky; eyes much suffused; conjunctivæ injected; tongue dry, loaded with a brownish-white coat; no sordes; some cough; stools and urine in bed; pulse 140, soft, compressible; increased subsultus; surface of body fuliginous; spots dark, persistent, petechial. To have anodyne draught (tinct. hyoscyam., ʒ i.) *hora somni;* strong fever-mixture; wine *ut heri.*

6th.—Has slept but little; decubitus dorsal; prostration complete; delirium at night; constant and universal tremulousness; subsultus at wrists, picks at the bed-clothes; face flushed, dusky; eyes greatly suffused; tongue protruded with difficulty, furred, (not loaded); much cough; difficult expectoration; a frothy mucus collects around the mouth; universal mucous râle; the dulness on percussion is inconsiderable; respiration 36, laborious; stools and urine in bed, passed unconsciously; some sensitiveness of ab-

domen to pressure; pulse 120, irregular, very soft and compressible; spots dark, persistent. To have gin, four fluid ounces—wine, six fluid ounces—strong fever-mixture—anodyne draught—beef-tea—milk and water, at first cold, then warm, *p. r. n.*

7th.—Is reported to have slept but little, if any, and to have talked incoherently and raved all night. There is extreme prostration; great nervous agitation; constant tremor; face dusky, fuliginous; eyes are less suffused; tongue protruded irregularly and with much difficulty, overspread with a thin white fur, moist; no sordes; coughs and expectorates an abundant white frothy mucus. Respiration very irregular; a little tympanitis; one stool, in bed; urine in bed. General sensitiveness of surface; odor of body peculiar, very perceptible; pulse 120, irregular, soft, moderately full. Treatment of yesterday to be continued and pushed vigorously.

9th.—Is said to have slept much better, without rambling or muttering; no delirium during the night; decubitus dorsal. Patient has this morning for the first time manifested some intelligence, asked to get out of bed to be placed on the close stool; eyes are clearer; face less flushed; tongue has white thick coat extending along its centre, shading to brown, is protruded with much less difficulty. Resp. 44, more easy, accompanied with occasional cough; some expectoration, easy; diminished mucous râle; tympanites inconsiderable; two stools, is conscious of them; urine plentiful, highly charged with sediment; skin lighter in hue, neither dry nor hot; spots much less evident than yesterday, lighter; decubitus is still dorsal; some nervous agitation, twitching of tendons; slight deafness; moans occasionally; no pain; complains of great weakness only. Has some relish for beef tea. To continue same treatment. On the 10th the general appearance of the patient was better—eyes clear; tongue moist, covered with a yellowish-brown coat, increasing posteriorly, edges and tip red. Resp. 38, easy, accompanied with some moaning; cough loose, expectorates easily; pulse 104, regular, weak, compressible; a little tremulousness at wrists; no pain; less thirst; some appetite; spots fading, almost gone.

11th.—Is reported to have slept well; complains of weakness and exhaustion; intelligence good; has some appetite, bears nourishing diet well; face still flushed, wears an expression of suffering, says she has no pain. Tongue moist, with a yellowish white fur upon base and along its centre, clean and natural on sides and at edges and tips; respiration 36, drawn apparently from top of lungs—accompanied with some moaning; mucous râle anteriorly; much dulness on percussion at base of left lung posteriorly; two stools, natural; urine free, dark colored, out of bed. Skin cool and moist; spots still apparent on inspection on abdomen, evident also on back; pulse 108, weak, soft, compressible. Emp. res. to base of left lung posteriorly—wine and the

strong fever-mixture—sago and eggs. On the 12th there was a noticeable improvement in the signs and symptoms; eyes clear; tongue clean, except a light fur at base; complains of weakness and pain in chest; respiration still accompanied with slight moaning; less dulness at base of left lung; breathes deeper, easier; no stool; urine free, lighter in color; spots discernible only on abdomen; pulse 100, regular. On the 13th, the mucous râle was inconsiderable; no noticeable dulness on percussion; skin moist and cool; pulse 100, regular, of better volume and strength; tongue cleaning; appetite improving. On the 16th, the pulse was 96, regular, of good volume; only occasional cough; no pain; good appetite. Convalescence seems fully established.

This case offers a good example of the disease in its severe form, without complications, except the trifling tympanitis for a day or two, and the inconsiderable but annoying chest affection, as manifested by the physical signs, most marked on the 11th June. It showed well the depressing type of the disease, as commonly found—and the nature of the treatment adopted in such cases, the efficacy of which, in the case first cited, cannot be questioned.

In my next will be given the notes of a fatal case, accompanied with a detailed account of the *post-mortem* examination.

OBITUARY NOTICE OF DR. HENRY A. FORD.

[Communicated for the Boston Medical and Surgical Journal.]

Died, of African or Coast Fever,* at Gaboon Mission, on Feb. 2d, 1858, Henry A. Ford, A.M., M.D., aged 38.

Dr. Ford was a son of the late Rev. Henry Ford, of Lisle, Broome Co., N. Y. He graduated at Williams College, Mass., in the summer of 1842. After teaching a few years in the city of Hudson, he commenced the study of medicine with the view of becoming a missionary. He received the degree of M.D., at the University School of the city of New York, in February, 1850; and in the June following, he sailed, under the direction of the American Board of Foreign Missions, for his field of labor.

He continued at Gaboon for about five years, when on account of the failing health of his companion, he was compelled to return. He remained in America for about one year, spending most of the time in the New York Hospitals in acquiring all the professional knowledge in his power, and again sailed (leaving his companion with her friends) for his former situation.

Up to the time of the attack of fever, he was constantly engaged in the duties of his profession. He was a pattern of industry, and was very fond of the *natural sciences*, as well as those branches

* Dr. Ford wrote a treatise on this fever, which was published in New York in 1856.

which come more immediately within the range of his profession. In his death is lost to the world a bright scholar; to the profession of medicine one of its most worthy and useful members; and to the Church one of its most ardent and devoted servants. F.

SOME TOPICAL APPLICATIONS EMPLOYED AT THE HOPITAL SAINT-LOUIS, PARIS, FOR ECZEMATOUS AND IMPETIGENOUS ERUPTIONS.

[Translated for the Boston Medical and Surgical Journal from the *Journal de Chimie Médicale.*]

Dermatology has, perhaps, longer than any other branch of practical medicine, felt the effects of the doctrine of Broussais. Imbued with the opinions of this reformer, physicians have for a long time persisted in combating, by local antiphlogistic treatment, the eczematous and impetigenous eruptions, which constitute the greater part, and, as it were, the type, of skin diseases. So long a perseverance in an exclusive and eminently unsuccessful line of treatment is doubtless naturally to be explained by the really inflammatory character which these affections exhibit during a certain phase of their course; but if it be true that emollients are useful in this early period, their inefficacy is soon perceived after the disease has been some little time established. Hence the return to astringent and escharotic applications, much abused by former practitioners, and especially by empirics, but which have been too much neglected during a long series of years.

M. Gibert has, more than any other dermatologist, aided in restoring this mode of treatment, and in regulating and methodizing its employment. Among the first of the astringent remedies, so useful in the treatment of eruptions on the skin, he places the resinous and empyreumatic substances, which were so much employed by the ancients. Purified tar, combined with lard, in the proportion of from one to three parts to thirty of the excipient, is in daily use in the wards of Saint-Louis as the best resolvent for scaly eruptions, and a valuable desiccative in chronic eczematous and impetigenous eruptions. Since the introduction of glycerin into therapeutics, he employs this substance as excipient, in preference to lard. To facilitate its use, M. Gibert applies the mixture, thickened with starch, in the form of a pomade, according to the method of M. Garot, and this has the advantage over the ordinary pomades, made with greasy excipients, that it can be easily washed off. The formula ordinarily employed in the wards is as follows: Glycerin, one fluid ounce; purified tar, half a fluid drachm; warm the mixture, and add enough powdered starch to make a homogeneous paste, of moderate consistence.

This preparation relieves itching, heals excoriations, dries up secretions and dispels redness. Hence under its influence eczema rubrum, impetigo, intertrigo, prurigo of the scrotum and of the

anus, acne rosacea, and sub-inflammatory mentagra, are modified in the most favorable manner.

M. Gibert also frequently employs another resinous product, well known within a few years past, the *oil of cade.* The empyreumatic properties which this resinous oil possesses in a much greater degree than tar, are such that it can rarely be employed pure. M. Gibert commonly mixes it with the oil of sweet almonds, or with cod-liver oil. A mixture is employed in his wards under the name of *huile cadée*, composed of two parts of cod-liver oil and one of cade oil, which possesses, according to this skilful practitioner, very efficacious resolvent and siccative properties. Under the use of this application, he has seen cases of eczema cured, in which the excoriated and secretory patches had remained stationary for many months, notwithstanding the employment of sulphur, both externally and internally.

In the obstinate pruriginous, papular and eczematous eruptions of the anus and genitals, which are so often the source of despair both to the patient and the physician, M. Gibert has especial reason to congratulate himself on the employment of the oil of cade. In such cases he combines with it the assiduous use of cold hip baths, and, by way of modifying the diathesis upon which the eruption depends, the internal administration of the arsenical solution of Dr. Boudin, modified as follows: distilled water, Oiss.; arsenious acid, gr. i. Make a hot solution, to be divided into six phials; half a phial to be taken every morning, fasting, in a glass of chicory-water sweetened with honey. Under this treatment M. Gibert states that he has seen eruptions cured in a few weeks which had lasted for several years, and which had resisted mineral waters and many other kinds of medication.

Bibliographical Notices.

Transactions of the Medical Society of the State of New York for the Year 1858.

This seems to be a State document, and to be printed at the expense of the State—a degree of favor with the constituted authorities, on which we congratulate our brethren of the New York Medical Society. In examining the work, the first thing that strikes us is the want of anything like an index or even table of contents—a want which lessens the value of any book one half, and for which there is no sort of excuse. The absence of such assistance to the reader we hold is always the result either of a miserable vanity in supposing the contents are so valuable that any reader is willing to dig hap-hazard through any number of pages, and get ample reward in so doing; or of ignorance in the getter up of the book as to the essentials of a *good* book. The "Committee of Publication" of these Reports may put themselves in either category they like.

The next comment we have to make is upon the portrait illustrations

of the volume. They are of two men who, judging by the eulogiums of them given in the letter-press, were among the worthiest of the profession—such as the young should imitate, and all honor. But why not leave them to be embalmed as such, ideally, in the memories of their survivors, and not force upon us their countenances, in which every pimple and wrinkle is given, with all the horribly harsh chiaro-scuro of a tenpenny, country-village daguerreotype. We are none of us responsible for our faces, and, knowing what some of us show in that line, we ought to be careful for each other. With a notice of the paper and print, which, however, is as good probably as the State can be expected to furnish, we conclude our animadversion.

Looking to the matter, there is much to interest us. The first medical article is on Anæsthesia, by Dr. Peter Van Buren, which, without giving anything new, presents an admirable summary of the facts thus far established among us in this department. The only exception we take here, is that Dr. V. B., in spite of the strong and oft-repeated refutation of Morton's claim, still gives the palm to him as discoverer of the use of ether as an anæsthetic—a simple absurdity.

The paper on the Comparative use of the Forceps and Ergot in Labor, is an admirable one, exhibiting strong reason against the too free use of ergot, and rather advocating an opinion which is a favorite with us—that the forceps, in dexterous hands, might be used with advantage more freely and oftener than they are.

The article on Puerperal Fever, by Dr. Potter, is brief, and possibly deficient in some strictly scientific details, but a most excellent, matter-of-fact, practical paper. The distinction is well drawn between accidental, sporadic phlegmasia, supervening upon child-birth, and the genuine, epidemic, *always* infectious puerperal peritonitis

The next is a full detail of a number of cases of a disease comparatively but little met with among us—congestive fever, typhus petechialis, cerebro-spinal meningitis—for such are the synonyms given.

Dr. Marsh furnishes an article on intra-capsular fracture of the neck of the thigh-bone, a large portion of which is devoted to evidence that bony union may occur in such fractures. We thought this question had been settled by others in the affirmative, long since, in spite of Sir Astley Cooper's dictum to the contrary. The cases, however, are so rare that they must always be considered as exceptional, and afford no practical deduction.

The paper on Poisoning by Arsenic from Absorption, by Dr. Barrett, is a curious and useful one. Cases are given of all the characteristic marks of poisoning by the use of quack remedies containing arsenic, for the removal of tumors, cancers, &c. In one case a slough partially separated, remained at the bottom of the ulcer, and the case resisted the antidote administered—the hydrated peroxide of iron. It was suspected that this slough was saturated by the poison, and consequently it continued to be absorbed into the system. Acting upon this, the slough was removed, and the cure then commenced.

The case of Nigrities, by Dr. Gardiner, is almost unique. It occurred in a young girl, aged 20, somewhat feeble, but not in ill health otherwise. Her skin became as dark as a negro's, and her hair, from being light, became perfectly black, and coarse and straight "like the mane of a horse." She died soon after, with symptoms almost as anomalous.

A number of other articles, all admirably practical, but not sufficiently noticeable to quote, complete the volume. W. E. C.

Quackery Unmasked; or a Consideration of the most Prominent Empirical Schemes of the present Time, with an Enumeration of some of the Causes which contribute to their Support. By Dan King, M.D. Boston: printed by David Clapp. 1858. 12mo. Pp. 334.

We have been much pleased by a perusal of this book, which contains a succinct account of the most prominent medical delusions of the present day, and an exposure of their absurdities. Besides Homœopathy, to which several chapters are given, Dr. King devotes portions of the work to Hydropathy, Thomsonism, Female Physicians, Indian Medicine, Eclecticism, Chrono-Thermalism, and Natural Bone-setters. The means whereby quackery is fostered are also treated of, including the Press, Female Influence, Professional Discord, Clerical Influence. A few chapters on general subjects connected with quackery, close the volume.

Dr. King treats his subject with great fairness and moderation, and his simple, and occasionally quaint, style, with a subdued vein of humor running through it, carries conviction to the mind of the reader. Although he admits that quackery must exist as long as human nature endures, he shows how the evil may be subdued to a great extent, and be rendered comparatively harmless. This is to be done chiefly in two ways; the standard of professional attainment must be raised, and the public must be enlightened as to the true powers of medicine. To each of these subjects a chapter is devoted, which is well worthy of being read, both by the profession and the laity. In no part of the world, probably, is quackery so rampant as in our country, some sections of which appear to be deluged with it; hence the importance of a work like Dr. King's, which exposes in simple language the imposture of the various forms of empiricism, whose extent and enormity would surprise one unacquainted with the subject. We have no doubt the book will do much good, and we trust that it will have a large circulation, believing that all who read it will derive entertainment and profit from its perusal.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 10, 1858.

"FOOD AND DRINK."*

Mankind, generally, can hardly be said to belong to the same category with the "old woman" of whom Mother Goose treats in her well-known popular melodies, and who "lived upon nothing but victuals and drink." We mean, by this assertion, that besides the mere food and drink which are so essential to us all, there are various elements and conditions which must attach to the partaking of our nourishment, without which the latter will do us very little good, and

* "Food and Drink": the caption of an article in *Blackwood's Magazine.*

often a deal of harm. There are, it is true, persons who seem to have the ability to eat and digest almost anything, from pork down to under-done hominy; and these are the individuals who answer to the description of the venerable dame aforesaid—they literally live upon nothing but victuals and drink; and, what is strange, they live a long while upon them alone. That is, they can wonderfully disregard all precautions and nearly every dietetic rule recognized as Christian and reasonable. Give them wherewithal to eat and drink, and they will live almost without air, and ignore exercise; they will swallow the hugest and most unmasticated morsels, and the operatic warning of "ah! don't mingle," shall be abomination to them. Hot and cold, salted and fresh, stew, roast, boiled and fried, are welcome, and often in terrible assemblage. Sometimes they will gloat over this process of compound repletion,—at others they bolt their food and rush like madmen to their occupations again. We use the term *food*, but really, in the case of such persons, what they thrust into their long-suffering stomachs is not properly food; it is edible material, sadly abused—worse than thrown away. In the end, retribution must come, and because they would not live upon something else *in addition to* "food and drink," simply as such, they will die of the wrong use of what was intended as a blessing.

With food and drink, then, there should be combined a goodly portion of moderation in taking them; judgment in choosing the seasons for meals—for all cannot go by the same rule in this respect; a large amount of attention as to the quality of the articles taken, and the methods of preparing them for the table; a mastery over such aberrations of appetite as often do so much injury; and the study of the adaptation of what is eaten and drunk to different constitutions, requirements and casual circumstances.

It may very pertinently be said that there is a large class of people who are too ignorant to observe any regulations with regard to their food, or too careless or wilful to do so, even if they know what is proper and safe. This being so, there is all the more reason for medical men to insist upon the truths to which reference has been made. Those physicians, especially, who see many poor and ignorant patients, should take particular pains to enlighten them upon dietetic and other hygienic points. Were every one to do so, a vast amount of benefit would be derived, and much needless illness prevented. Instruction in these matters is an evident duty. We remember, often, the appearance of a self-made dyspeptic, a shoemaker, whose sole ambition on this earth seemed to be to make the largest number of shoes possible for man to make in every twenty-four hours. His image rises vividly in the field of our retrospective eye, although it was during our college life that we witnessed the mournful phenomenon. What we did not see, we have reliable information about. Seated upon his bench, with the roundest shoulders and flattest chest we ever beheld; his chin nearly touching his sternum, he stitched and pegged away, hour after hour, in his confined shop, whose precincts were redolent alone of leather and dough-nuts—which last, impregnated with grease, he from time to time swallowed rapidly. A few moments were snatched at noon for what was called eating his dinner, consisting usually of meat swimming in grease, mince-pie and coffee. The same diet (?), nearly, was followed night and morning. The man was the wonder of the neighborhood for the number of shoes he made, the amount he ate, without

any out-door air and exercise, and, lastly, that he lived at all! Now this suicide at a slow rate is a fearful thing to look upon; many, it is to be feared, thus exist for a time upon "victuals and drink"—can they be said to *live?*

The above considerations upon the mode of eating and drinking, and the outrages inflicted by man upon his system, are some of those topics which occurred to us when lately reviewing Mrs. Horace Mann's Receipt Book, and which we intimated might be referred to again in our pages. Americans, as we have more than once insisted in the JOURNAL, are peculiarly a dyspeptic people; and, whilst the blame thereof is almost wholly their own, the remedy—at all events, the *preventive,* in a large proportion of instances, is in their hands also. And prevention of this affection is far easier, as well as better, than cure.

The very interesting article from *Blackwood's Magazine,* whose caption we have taken for our own remarks, and which is re-printed in two numbers of Littell's *Living Age* (May 1st and 29th, 1858), gives an elaborate account of food and drink in relation to their adaptation to the wants of the human body, the diverse circumstances which modify their action, and much other most instructive matter. The paper is well adapted for popular reading, and is capable of teaching many useful lessons.

One important point which is investigated by the writer in the magazine to which we refer, is the part which physiology has to play in relation to the adaptation and appropriation of food by the economy. Physiology may be greatly aided by Chemistry, but she should never be *ruled* by it. The human body is not a crucible—a mere receptacle—but an organism so full of sensitive feeling, and so prompt in reaction, that it is an unsafe thing rashly to frame rules of mere chemical construction and rigidly apply them to vital phenomena. The relations of substances used as food to the whole system, and to individual, peculiar systems, must be studied, and the deductions from these investigations will prove our safest guide. Upon this part of the subject, we wish to introduce the language of the writer we have referred to.

"The researches into the nature of food have been extensive and minute, but they have been almost exclusively confined to alimentary substances which have been analyzed, weighed, and tabulated with great labor, and in a chemical point of view with considerable results; but in a physiological point of view—the only one really implicated—with scarcely any results at all. * * * * * * * With regard to the vast chemical researches into the subject of food which have occupied a quarter of a century, it seems to me that their value has been almost exclusively *chemical,* and only in an indirect and limited degree *physiological.* Hence, in spite of the unanimity and apparent precision observable in the analyses and hypotheses offered by chemists, no important practical results have been attained, not a single alimentary problem has been solved by them.

"There may be readers who, failing to see the ground of this distinction between chemical and physiological investigations, will not understand the importance I attach to it; but they will perhaps come round to my point of view before this essay reaches its close. The chemists, whatever we may think of them, will continue their labors, analyzing, weighing, experimenting, and propounding hypotheses; and it is right they should do so: all honor and success to them! But if the question of food is to receive any practical solution, it must no longer be left in their hands; or only such details of it left in their hands as properly belong to them. It must be taken up by physiologists, who, while availing themselves of every chemical result, will carry these into another sphere and test them by another method. Not a step can the physiologist advance without the assistance of the chemist; but he must employ chemistry as a means of *exploration,*

not of *deduction*—as a pillar, not a pinnacle—an instrument, not an aim. The chemist may analyze fat for him; but he, on receiving this analysis, will request the chemist *not* to trouble him with hypotheses respecting the part played by fat in the organism: for although the chemist may accurately estimate the heat evolved in the oxidation of so much fat, the physiologist has to do with a vital laboratory, extremely unlike that in which the chemist works, and he has to ascertain how the fat comports itself *there*."

There are, besides, several remarkable passages detailing the various effects of ordinary articles of food and drink upon different persons—abundantly proving, as the writer remarks, that what is "one man's meat is another man's poison." Thus, it is stated—

"There are persons, even in Europe, to whom a mutton-chop would be poisonous. The celebrated case of the Abbe de Villedieu is a rare, but not an unparalleled example of animal food being poisonous; from his earliest years his repugnance to it was so decided, that neither the entreaties of his parents nor the menaces of his tutors could induce him to overcome it. After reaching the age of 30 on a regimen of vegetable food, he was over-persuaded, and tried the effect of meat soups, which led to his eating both mutton and beef; but the change was fatal; plethora and sleepiness intervened, and he died of cerebral inflammation. In 1844, a French soldier was forced to quit the service because he could not overcome his violent repugnance and disgust toward animal food."

The repugnance of some grown persons, and very often of children, to certain articles of food, should not be uniformly set down as mere caprice. This is a caution of extreme importance; for it is obviously wrong to compel a child to swallow that which it really dislikes, and which, of course, would prove injurious to it.

"To this fact the attention of parents and guardians should seriously be given, that by it they may learn to avoid the petty tyranny and folly of insisting on children eating food for which they manifest repugnance. It is too common to treat the child's repugnance as mere caprice, to condemn it as 'stuff and nonsense,' when he refuses to eat fat, or eggs, or certain vegetables, and 'wholesome' puddings. Now, even a caprice in such matters should not be altogether slighted, especially when it takes the form of refusal; because this caprice is probably nothing less than the expression of a particular and temporary state of his organism, which we should do wrong to disregard. And whenever a refusal is constant, it indicates a positive unfitness in the food. Only gross ignorance of physiology, an ignorance unhappily too widely spread, can argue that because a certain article is wholesome to many, it must necessarily be wholesome to all. Each individual organism is specifically different from every other."

Were we to go on quoting such sentences as we should like to select, our entire space might easily be filled. We hope that the paper will be widely read in this country; and the tit-bits we have offered will perhaps serve as appetizing morsels to allure to the *quasi* devouring of *Blackwood's* "Food and Drink."

PROLAPSUS OF THE FUNIS.

Dr. T. Garland Thomas, Physician to the Demilt Dispensary, N. Y., lately read a paper upon this accident before the New York Academy of Medicine, and proposed reduction of the cord by *position* alone. His method, taught by him to students in a course of obstetric lectures delivered at the University Medical College, New York, two years ago, consists in placing the patient "on her hands and knees, in the posture employed by surgeons in operating on the uterus and vagina." In this way, the uterine axis is inverted, and the very conditions which render the persistence of the prolapsus so constant and

annoying, assist in effecting the reduction. Dr. G. has tried his method in but two cases, as yet; but in them he was so successful that he announces the procedure with confidence. He says, "The causes of the great persistence of the accident (whatever may have originally produced it), may be stated as these: 1st, the slippery nature of the funis; and 2d, the inclined direction of the uterine axis, which, being a line running from the umbilicus, or a little above it, to the coccyx, favors very much the tendency of the slippery part to roll outward." In the cases he reports, the usual methods were ineffectual, but his own plan entirely successful. The *New York Journal of Medicine* for March, 1858, gives a *resumé* of Dr. Thomas's paper, closing with the following "rules of treatment": —

1st. If the cord is detected before the waters have broken, let no manual assistance be offered, but place the woman at once in position, and trust to this for its return to the uterus.

2d. Should the waters have flowed away, and left the cord below the head, place the woman in position, and push it up with the hand if practicable, or with a *porte-cordon*, consisting of a gum-elastic catheter, with a tape passed through it, if not so.

3d. Let no manipulations be commenced until the woman be placed in position.

Authors on obstetric surgery seem not to have thought of any measure of this sort. Its simplicity strongly recommends it; and it should have the first trial in all cases. The great difficulty of overcoming the accident and saving the child is only too well known; and although Pugh (quoted by Simpson, *Obstetric Works*, Am. Ed., p. 504, 1st Part) asserts that he had "saved great numbers of children's lives," by placing the left hand under the child's breast and opening the mouth by means of two fingers, thus admitting air— the procedure has the aspect of a forlorn hope. Dr. Simpson alludes to the case reported by Dr. Bigelow, of this city, in the *American Journal of Medical Sciences*, for August, 1829, where no respiration could be procured until water was dashed upon the body. The child then gave a cry, and was safely born, although "the head was not delivered till some minutes afterward." The feet were brought down first in this instance.

We hope to hear of further trial of Dr. Thomas's method in these troublesome cases.

A HOMŒOPATHIC CORONER.

We notice in the daily papers that two medical gentlemen have lately been appointed by the Governor and Council of this State to the office of coroner. There is no question as to the fitness of physicians for the duties of this office; in our estimation, no others should be selected for duties which so eminently require for their successful performance a knowledge of medicine; but we understand that one of the new incumbents is a homœopathic practitioner—that is, one whose practice is founded upon an exclusive dogma. Homœopathic practitioners are recognized by the profession throughout the world as unworthy of confidence. Is such a practitioner worthy of the responsible office of coroner? Are the interests, perhaps the lives of the community to be entrusted to the keeping of one who is treacherous to his own profession? The Executive of this State has already incurred the odium of the profession, and the indignation of the commu-

nity, by the appointment of a similar practitioner to the superintendence of a large hospital. What has the medical profession done, to deserve these insults? If this sort of thing is to continue, if our coroners and the physicians of our insane asylums and other public institutions are to consist of men whose only merit is that they are successful politicians, but who may be notoriously incompetent as medical practitioners, Massachusetts will soon lose her well-earned reputation for the humane and successful treatment of the sick poor, and for the suppression of crime.

Resident Physician at the Massachusetts General Hospital.—This office, lately created by the Trustees of the Hospital, is filled by the election of Dr. B. S. Shaw, of this city. The duties comprise a general supervision of the internal economy of the institution, together with an evening visit by the incumbent to all the patients in the house. Dr. Shaw will also be expected to meet all emergencies which require immediate attention, either when patients are brought in, or during their stay—and in the absence of the visiting physicians and surgeons.

The Trustees were fortunate in their choice, and we are confident that they and the medical officers will find the Resident Physician everything that could be desired in the administration of all his duties. The patients, likewise, will have the benefit of the presence, and aid at need, of a thoroughly-informed physician and a kind and most amiable man. We understand that the new appointment in no way interferes with the office of Admitting Physician—which, as heretofore, will be administered by Dr. Abbot.

Berkshire Medical Institution.—We learn that the Professorship of Materia Medica in this Institution has been lately offered to our friend and fellow-townsman, F. E. Oliver, M.D. We are not aware whether he has, as yet, accepted the appointment. Should he do so, we can speak confidently of the benefit which would accrue to such classes as may listen to his lectures. To a thorough acquaintance with the subject, to which he has given very close attention, Dr. Oliver adds a facility and clearness in composition, and a condensation in arrangement and expression, which will make him a highly acceptable lecturer. The Berkshire College will be fortunate should they secure his services.

Health of the City.—There is a slight elevation in the rate of mortality for the past week. A very remarkable similarity in the number of deaths exists between the present and past year, at the same period, the total number being 67 in each year. The deaths by consumption last year, during the corresponding week, were 16 ; this year they are 12. Three fatal cases of pneumonia are recorded for 1858, two for 1857. Three deaths by typhoid fever were reported last week.

ERRATA.—Page 356, third line from the bottom, for "between" read *on the part of*. Page 357, third line from the top, for "care" read *cure*.

Communications Received.—Case of Membranous Croup.—Case of Hæmorrhage in an Infant.—Tinctura Veratri Viridis.

Deaths in Boston for the week ending Saturday noon, June 5th, 67. Males, 42—Females, 25.—Accident, 2—apoplexy, 2—asthma, 1—cancer of tongue, 1—consumption, 12—convulsions, 3—croup, 4—colic, 1—diarrhœa, 1—dropsy, 2—dropsy in the head, 2—drowned, 2—infantile diseases, 4—erysipelas, 2—typhoid fever, 3—gastritis, 1—disease of the heart, 3—hæmorrhage, 1—inflammation of the lungs, 3—congestion of the lungs, 2—marasmus, 4—measles, 2—old age, 2—pleurisy, 1—teething, 3—tumor, 1—whooping cough, 2.

Under 5 years, 28—between 5 and 20 years, 7—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 6. **Born in the United States, 46—Ireland, 15—other places, 6.**

Hampshire District Medical Society.—The annual meeting of this Association was held at Springfield, May 18th, when the following officers were elected for the ensuing year:—Dr. Nathan Adams, *President;* Dr. Thomas L. Chapman, *Vice President;* Dr. G. A. Otis, *Secretary and Treasurer.* The recent death of Dr. Wright, of Blandford, being announced, the following resolutions were adopted:—

Resolved, That the Society has heard with sincere grief of the death of Dr. Silas P. Wright, who discharged for many years the laborious duties of a country medical practitioner with credit to himself and satisfaction to the community in which he lived, and had earned the respect and esteem of his medical brethren.

Resolved, That we respectfully tender to the family of our deceased friend, our sympathies in their heavy bereavement.

The Kentucky State Medical Society held its 11th Annual Meeting in the city of Louisville on the 21st and 22d of April. Dr. Yandell made a valuable report on the Practice of Medicine. Dr. J. B. Flint, formerly of Boston, was chosen President of the Society for the ensuing year.

The Indiana State Medical Society held its Annual Meeting this year in the city of Indianapolis, May 18th and 19th. Several excellent reports were read.

The East Tennessee Medical Society held its last semi-annual session at Knoxville, in April, and its proceedings are reported in the *Cincinnati Lancet and Observer.* The Address was delivered by the Vice President. A resolution, presented by the same gentleman, to the effect that Southern schools of medicine only should be patronized at the South, caused an animated discussion, and was finally rejected—only one *aye* being given in its favor. A vote was passed unanimously that the American Medical Association be requested to adopt a uniform plan of education, and recommend the same to the medical schools. A vote was also passed, that members require an indemnity bond, where practicable, before undertaking any surgical case from which a suit for damages may originate.

Committees of the American Medical Association.—At the late meeting in Washington, the following committees for the ensuing year were chosen:

Special Committee on the Microscope.—Drs. Holsten of Ohio, Dalton of New York, Hutchinson of Indiana, Stout of California, and Ellis of Massachusetts.

Special Committee on Medical Jurisprudence.—Drs. Smith of New York, Hamilton of Buffalo, Crosby of New Hampshire, Purple of New York, and Mulford of New Jersey.

Committee on Quarantine.—Drs. Harris of New York, Moriarty of Massachusetts, La Roche of Pennsylvania, Wragg of South Carolina, and Fenner of St. Louis.

Committee on Surgical Pathology.—Dr. James R. Wood, of New York, chairman.

Committee on Diseases and Mortality of Boarding Schools.—Dr. C. P. Mallengly, of Kentucky, chairman.

Committee on the various Surgical Operations for the relief of Defective Vision.—Dr. Montrose A. Pallen, of St. Louis, chairman.

Committee on Milk Sickness.—Dr. Edward A. Murphy of St. Louis, chairman.

Committee on Medical Ethics.—Drs. John Watson of New York, Dalton of Massachusetts, Emerson of Pennsylvania, Hamilton of New York, and Gaillard of South Carolina.

Prevention of Hydrophobia.—Mayor Tiemann, of New York, issued his proclamation last week, and caused to be placarded in the Mayor's Office and elsewhere, declaring that on and after Monday, June 6, fifty cents will be paid for every dog brought alive to the pound, corner of First avenue and Thirty-first street. No dogs will be received from boys.

New York Academy of Medicine.—The Academy of Medicine on Wednesday night, 2d inst., heard a very valuable paper on the placental circulation, from Prof. Dalton, of the Twenty-third street College. A series of resolutions condemning swill-milk as the cause of a large portion of the infant mortality of the city was offered by Dr. Gardner, and seconded by Dr. Griscom. After a sharp discussion, both upon the facts alleged in, and upon the language of the resolutions, they were laid on the table by a vote of 35 to 24.—*N. Y. Times.*

The new brick building in New York, on Fifty-first Street, erected for the Nursery and Child's Hospital, was inaugurated on Saturday, 22d ult.

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SOME OBSERVATIONS ON THE TREATMENT OF NARROW AND IRRITABLE STRICTURE OF THE URETHRA.

[Read before the Suffolk District Medical Society, and communicated for the Boston Med. and Surg. Journal.]

BY D. D. SLADE, M.D., ONE OF THE SURGEONS TO THE BOSTON DISPENSARY.

I PROPOSE to offer to the Society some practical observations upon the introduction of instruments in cases of narrow and irritable stricture of the urethra, more particularly for the purpose of relieving retention of urine. Much as has been written and spoken upon this subject, it is one, the important practical bearing of which will admit of its being frequently brought before us; for in our community especially, every medical man is liable to be called upon, at a moment's notice, to afford relief in the crisis of retention. If I was asked what common operation in surgery required the most tact, careful manipulation, and, above all, gentleness and patience, I should unhesitatingly say catheterism. Not but that any man may succeed, with more or less adroitness, in introducing a catheter into the bladder, provided the parts are in a perfectly normal condition; but let him meet with any obstruction, then his attempts may be completely foiled, unless by experience and constant practice he shall be prepared to overcome them.

It is a well-established rule at the present day, or at least it ought to be, that puncture of the bladder is never necessary, the cases of failure to arrive at the bladder through the natural passage, by well-directed and skilful manipulations, being so extremely rare. To be sure, puncture of the bladder is an operation which is constantly performed in Hospitals and elsewhere, but had these very cases fallen into skilful hands at the commencement of the retention, or had more patience and perseverance been practised by the hospital surgeons themselves, no such extremity would have been resorted to, excepting under extremely rare circumstances. Prof. Syme, of Edinburgh, long ago publicly taught that there are *no* strictures capable of allowing the passage of urine, even in drops, which cannot be permeated by skilfully-directed efforts. Civiale, in his admirable cliniques, and in his works, assures us that

puncture of the bladder is never necessary. Such, in fact, is the opinion of the best surgical authority at the present day.

In my own practice, I have been called to several cases of retention of urine where the method of treatment of which I am about to speak, pursued with gentleness and perseverance, alone saved the patients from having the bladder punctured, that operation, in one case at least, having been determined upon by the attending physician.

Let us suppose, then, that we are called to treat a case of narrow, irritable stricture, where retention of urine has not actually taken place, but where, in fear of such a result, attempts have been made to pass the catheter without success. In such a case, we must have recourse at once to general treatment. Rest in bed, warm baths, laxatives, strict attention to diet, opiate enemata, and, above all, care not to introduce any instrument into the urethra, will be found soon to have their marked beneficial effects; the immediate tendency to retention will disappear, and by following up this plan of treatment for a sufficient length of time, we shall place the organs in the best possible condition for undergoing the proper local treatment.

On the other hand, let us suppose that we are called upon after retention of urine has occurred, and where immediate relief must be given, and where attempts to reach the bladder may or may not have been made. In such a case, the passage through the stricture must necessarily be extremely small, and therefore in order to pass an instrument through it, we must select one of a corresponding size. For this purpose, I always make use of these delicate gum-elastic bougies, some of which, as you see, are scarcely larger than an ordinary knitting needle.

I prefer that the patient should be in bed, that he should be warmly covered, and that he should be particularly protected against any sudden chill. A bougie is then to be selected, of a size corresponding to the size of the stream passed, as nearly as may be, or to the presumed diameter of the constricted passage; this is to be carefully lubricated with lard, cold cream, cerate, or some other equally tenacious substance, which is greatly to be preferred to the olive oil so commonly in use. Thus prepared, the instrument is to be carried carefully down to the seat of the stricture, and, if possible, pushed on into it, the entrance of its extremity being at once known by the peculiar manner in which it is grasped. After a few moments' delay, the bougie, in the great majority of cases, may be pushed on into the bladder. This, however, it must be borne in mind, is not always necessary; the mere presence of the instrument at the seat of the obstruction is generally sufficient to overcome the spasmodic action upon which the retention depends. The only difficulty in carrying these delicate instruments down to the stricture, is from their becoming entangled in the various lacunæ, which, as is well known, are greatly enlarged

in this disease. This difficulty, however, can be obviated by making traction upon the penis, so as to put the mucous membrane upon a stretch—or, in those cases which will admit of it, making use of the probe-pointed or olive-shaped bougie, of which I shall speak.

Where one or more false passages exist, by certain careful rotatory movements given to the instrument, we shall succeed in engaging the point within the stricture more speedily and safely with these delicate bougies, than by any other means. For this very purpose, M. Leroy made use of gum-elastic bougies which were bent into the form of a cork-screw, and which he often found extremely useful. Whatever form of instrument may be selected, I cannot too strongly enforce the necessity of using the greatest gentleness in its introduction. Anything like violence or even roughness, will not only give our patient great and unnecessary pain, but will be sure to be followed by an increased spasmodic action of the parts, which will defeat all our efforts. M. Civiale never could say too much on this point, which certainly is the basis of all success in catheterism.

Mr. Henry Thompson, of London, has recently suggested a method of protecting the mucous membrane from injury, and of rendering the introduction of small instruments more easy, particularly in these very cases of narrow stricture, which on trial will be found very useful. It consists in the simple method of applying the oil to the urethra itself, and very freely, rather than to the instrument. In order to effect this, he says, the nozzle of a common glass syringe, containing from four to six drachms of pure olive oil, should be introduced into the urethra as far as it will go, the external meatus being at the same time closed upon the nozzle by the fore-finger and thumb of the left hand, so that none can escape. Gentle pressure being now made upon the piston-rod, the oil gradually finds its way down to the stricture; and if this be very narrow, the urethra in front of it slowly fills and becomes slightly distended; but as the piston continues to descend, the oil will gradually pass through the stricture and onward into the bladder, thoroughly lubricating every part of the canal. At the moment the oil passes through the stricture, the operator may sometimes distinctly perceive a slight, but very complete, sensation communicated to the hand, of resistance overcome, and partial collapse of the previously-distended urethra in front. The syringe is then to be removed, the finger and thumb still commanding the meatus of the urethra so that no oil escapes. The smallest catheter may now be introduced, and made to traverse the urethra—at all events as far as the stricture—with very little or none of that difficulty arising from the catching of its point against the walls of the passage, so often experienced with very small instruments, and which renders so much care necessary in their employment. But what is more, when arrived at the stricture, the instrument, if adapted in size,

will gradually pass through it; or, at least, the probability of its doing so is greatly increased. The narrowed channel has not only been thoroughly lubricated, but somewhat distended by the mechanical pressure of the column of oil which has passed through it; and this sometimes occurs to an extent which affords no inconsiderable amount of aid to the operator. Patients suffering from very irritable stricture have experienced so much less pain from the passage of a catheter after the injection of oil, that I have been repeatedly requested by them to employ it on subsequent occasions.

I alluded to the probe-pointed bougie as being extremely useful in many cases of stricture. The delicate extremity of the bougie being armed with this olive-shaped button, prevents it from being caught in the lacunæ as it is passed down. So, also, under certain circumstances, it will be found that this form of bougie can be more readily insinuated into and even passed through one of these narrow strictures than any other. By means of this, also, we can easily pass down ointments of various kinds.

Mr. Thompson has recently advocated, also, the use of a probe-pointed catheter. This instrument resembles in form, length and curve the ordinary catheter, and is made of silver. For the last two inches, however, it is perfectly solid, the extremity being, in fact, a delicate metal probe. However small it may be necessary to have the instrument, so small can this probe-pointed extremity be made. The hollow part of the instrument commences at about two and a half inches from the point, and a small eye is placed on the inner aspect of the curve. From this part the instrument gradually increases in diameter. The whole is strengthened by a small steel rod or stylet, which accurately fills the interior, and to which the handle is affixed. The small eye can thus be kept clear of mucus and other matters. Mr. Thompson says: "when the stricture has been passed, considerable care is necessary in guiding onward the point through the canal behind, to prevent it becoming engaged in the enlarged lacunæ, which are commonly found in the dilated urethra behind an old stricture. This being safely accomplished, and the stylet removed, the urine will issue by drops only, on account of the small size of the eye, but nevertheless in a manner which will soon relieve the patient, and which at once assures the surgeons of his complete success."

I cannot myself see any particular advantage to be derived from such an instrument as the one just described. After passing through the stricture, a considerable portion of the instrument must be pushed on into the bladder, beyond the seat of the difficulty, before any urine could pass through the eye, and that too without any certainty that irreparable mischief may not be done to the parts. The probe-pointed bougie seems to me to be a much safer instrument, and much better adapted, in the majority of cases, to the proper treatment of narrow stricture. After either form of bougie of

which I have spoken has been passed, and the retention, if it exist, has been relieved, their use can be followed by larger instruments of the same material, or the metallic ones may be substituted.

We may not always succeed in passing instruments of such tenuity at the first trial, but by affording the parts an opportunity to rest, and the spasmodic action to subside, especially in those cases where violent measures have been pursued, success will finally reward our efforts. The perfect relaxation of all spasmodic action under the use of anæsthetic agents, often renders their administration extremely useful in our treatment of retention from a contracted stricture. I am of opinion that this is not borne in mind so generally as it ought to be.

Temporary dilatation is, without doubt, the safest and surest method of treating organic stricture. Although slow, at the same time it can be be easily managed and can be suspended at any moment, according as circumstances require, and, above all, does not prevent the patient from pursuing his usual avocation—and for the early treatment of narrow irritable stricture, the use of gum-elastic or wax bougies is far preferable to metallic instruments. I have seen patients who have suffered so much from the passage of small metallic instruments, that they have not been willing to allow their farther use, but have made rapid progress under the employment of flexible instruments. When, however, the dilatation has proceeded so far that a No. 5 or 6 bougie passes with ease, then these may be laid aside and metallic instruments substituted.

I cannot close my remarks better than by quoting the words of Mr. Solly. "There is another thing to be remembered in the treatment of stricture; never be ashamed to leave the bedside of a patient without succeeding in passing a bougie. I am told that a hospital surgeon, now deceased, passed a sleepless night from vexation, if he failed to introduce an instrument into the bladder in presence of his pupils. Such a man must have made many a false passage. Every good surgeon will fail occasionally in the introduction of a bougie, but no good surgeon ought to make a false passage, though a skilful surgeon will sometimes do it, when his temper or his pride rules his hand, instead of his reason and his conscience."

CASE OF MEMBRANOUS CROUP, TREATED BY TRACHEOTOMY.

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was a little girl, the daughter of German parents, living in comfortable circumstances at 63 Fayette street; age three years and eleven months. Dr. J. M. Phipps was called to her at about 3 o'clock, A.M., on April 10th, 1858. At that time the dyspnœa was excessive, and the voice almost entirely absent. At

10, A.M., Dr. Phipps asked me to see her. She had then been sick for at least hours. Her whole surface was very livid. Respiration labored, with great depression of the supra-sternal space upon inspiration, and thirty-nine in a minute. Percussion of back very clear. Respiratory sound dry, and heard over the whole chest. The pulse could not be counted. The pharynx was generally in very good condition, but a little lymph was thinly spread over the point of the epiglottis. I opened the trachea low down, after putting her under the influence of ether. The isthmus of the thyroid was divided during the operation, causing no inconsiderable venous hæmorrhage. One small arterial branch bled freely. This was secured by twisting, and the venous blood ceased immediately upon the introduction of the trachea-tube. A mass of lymph was removed from the trachea when first opened, and more was forced through the tube by coughing, to the amount of several drachms. At 11½, A.M., she was breathing very quietly. 8, P.M.—Face flushed. Pulse 132. Respiration 28. Has had nothing but milk and water. No air passes the glottis.

April 14th.—Dr. Phipps reports, that on closing the canula, he thought a little air was with difficulty forced through the glottis, for the first time.

15th.—To-day, when the tube is closed, there is a struggle and a cry which is audible. The voice can be heard, but of suffocative character.

16th.—Air decidedly passes the glottis, when the canula is closed, but suffocation is almost complete.

22d.—The patient has been able to breathe quite freely with the canula corked up, and speaks very plainly, though in a whisper. Removed the canula. Two hours later, on my arrival, found that Dr. George Hayward, Jr., had just assisted in replacing the canula, she having been again etherized. After the removal she was quite comfortable for an hour or more, and had eaten breakfast. Great dyspnœa then came on, and Dr. Phipps had been sent for. He had found it impossible to introduce the tube alone, as both hands were required to separate the wound.

May 7th.—Up to this date she has been very comfortable. The inner tube has sometimes been in for twenty-four hours, without requiring to be cleansed. There is a prolapse of the mucous membrane through the fenestra, which causes a slight shaving to be cut off whenever the inner tube is drawn out. Respiration quite easy. She talks and laughs. Breathes through glottis and tube, and can speak in an audible whisper without closing the opening. There appears to be quite as much (perhaps more) voice in inspiration as in expiration. Great irritation being caused by removing the inner tube daily, the whole was removed, and at 5½, P.M., a double canula without a fenestra was introduced. The instrument was slightly larger than the other, and the opening had become a hard cartilaginous ring. After its introduction she breathed with per-

fect ease, although the excitement of the operation caused much struggling and spasm of the glottis.

Saw her again at 10, P.M., with Dr. Phipps. He had been there a short time, and before he arrived the tube had become misplaced. The opening was closing fast, and the dyspnœa considerable. Respiration sixteen in the minute; the inspiration the most difficult and noisy, the expiration comparatively easy. When most difficult, she could, by coughing, expectorate a mass of bloody mucus, with relief. The trouble was so evidently spasmodic, that we concluded to give her rest if possible. She was seen by one or both of us between that time and 9 o'clock on the 8th, three times.

8th, 9, A.M.—Pulse 88. Can speak aloud without much effort. Wound nearly closed. A little air passes it upon forcible coughing.

9th.—Saw her at 4½, A.M. Found her breathing with great difficulty. Sibilant râles in chest. Face quite livid. Pulse 120. Gave her a nauseating dose of ipecac, which relieved her, and at 10, A.M., she was quite comfortable, breathing easily and without noise. Dr. Phipps had given her the same a few hours before. The last difficulty was doubtless caused by the fire becoming low, and the steam she had been inhaling from the commencement having been, in consequence, cut off. The only medicines had been given during the last forty-eight hours, being simply belladonna and opium, for the purpose of controlling the spasm of the glottis.

In taking charge of Jewish patients, physicians should remember that their religion forbids them to light fires upon the Sabbath, and therefore see that some one else has charge of the apparatus at such times, if steam be necessary.

For a few days from the above date she got a mixture containing sanguinaria and opium, but no further dyspnœa has occurred.

TINCTURA VERATRI VIRIDIS.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—Wishing to observe the effect of the above remedy, I made use of it recently in a case of acute bronchitis in a child.

A single case, interrupted as this proved to be, would, undoubtedly, be of very little avail in enabling one to form an opinion with regard to any important principle; yet as it suggested some precautions by which future experiments might be made more satisfactory, and as it fully demonstrated the efficiency of the remedy as an arterial sedative, I thought that you might see fit to give it a place in your Journal.

The patient was a child two and a half years of age, of Irish parents. On the 4th inst. it had cough, with frequent pulse and respiration, and coated tongue. A purgative was given on the evening of the same day, and operated freely the next morning.

On the 6th, at 9 o'clock, A.M., the pulse and respiration were still accelerated, and the skin was hot. The child had been restless the previous night, with frequent cough. I mixed sixteen drops of the Tincture of Veratrum Viride, presented by the Middlesex East District Society, with one and a half ounces of water, and directed one teaspoonful and a half to be given at that time, and one teaspoonful once in two hours thereafter. At four o'clock, the father requested me to see the child, saying that it had vomited after the last dose, and he thought there was a change for the worse. Being engaged, I directed him to omit the medicine, and visited the patient at 6 o'clock, P.M., two hours afterward. At that time, I found that there had indeed been a change, but that it was a favorable one. The pulse was much less frequent, as well as the respiration, the former being only 60. The muscles were relaxed, and the child appeared languid, at first glance suggesting the appearance produced by full doses of tartarized antimony. There was not, however, the coolness and moisture of skin nor the prostration produced by antimony, and the control of the circulation was more perfect. The child was quiet and disinclined to move, but, upon being offered some water, showed that he had sufficient energy. I endeavored to relieve the anxiety of the parents, as it afterward seemed, without success.

Without my knowledge, they immediately called the aid of a practitioner who is justly celebrated amongst the Hibernians, and who is generally very prompt with a diagnosis. He hesitated at first, but very soon pronounced it "a large pile or bile on the liver," and said that if it was not purged off very soon it would go into the "*black jaundice.*" This was entirely satisfactory to the parents; not so to myself, as it interfered in some degree with my observation. I have inferred from it, however, that a smaller dose than I gave, would be sufficient for a child of that age. Instead of giving two drops at first, and four-thirds of a drop every two hours, I should give one drop at first, and two-thirds every two hours, watching the effect. The child is convalescent to-day.

Brookline, June 7th, 1858. S. Salisbury.

CASE OF HÆMORRHAGE IN AN INFANT.

BY N. C. STEVENS, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

April 20th, 1858, 10 o'clock, P.M., attended Mrs. ——, in her fourth confinement. After an easy labor of about three hours, she gave birth to a robust female child—perfect in all its developments—weighing ten pounds.

The funis was rather longer than usual, measuring 34 inches, and was wound around the neck several times.

During the first two days this child appeared in perfect health

—sleeping quietly, nursing vigorously, having the usual meconic dejections, and micturating freely.

On the morning of the third day, the nurse said that the last dejection reddened the water in which she washed the diaper, otherwise it did not attract notice. I did not see it. The child appears well, and does not indicate the loss of blood. Pulse 84, and natural. No tenderness or fulness of abdomen, nurses well, and receives a full supply of milk. It vomited a little in the night: sleeps quietly; respiration natural. Thinking the nurse deceived in regard to the character of the last dejection, I ordered one drachm of olive oil. Eleven hours after the oil, the child had a copious dejection of dark, broken coagula of blood, I should think from six to eight ounces. When seen, the patient was a little paler than natural; pulse 90, soft and regular. Nursed well through the day—abdomen appears as before—no manifestations of uneasiness. I gave one grain of tannic acid every hour. Visited patient at 1 A.M., five hours after last visit—had had two dejections of dark grumous blood, and was pale and anæmic; pulse 100; nurses, but more feebly than before; slight moaning, but not, as I thought, from pain; respirations 15 per minute. From this time until 8 o'clock, there were two or three small dejections of blood, similar to those previously noticed. Death took place at 8.30, A.M.

Autopsy 30 hours after death—Drs. L. M. Sargent and S. L. Sprague kindly assisting in the examination. Rigor mortis very slight; the body, even the most depending portions, extremely white and bloodless. Brain not examined. On opening the chest and abdomen, all the organs appeared naturally developed. The heart and blood-vessels, lungs, liver, pancreas, stomach, kidneys, and supra-renal capsules, were more or less pale, according to their structure, and entirely destitute of blood. The spleen, probably by reason of its structure at this age, seemed filled with dark grumous blood, which was easily pressed out on dividing the organ. The stomach contained a small quantity of partially digested milk. The entire alimentary canal was slit open, and its mucous surface exposed. The duodenum and upper portion of the jejunum were paler than usual; the lower portion of the latter and upper part of the ileum exhibited various degrees of congestion, and were covered with dark grumous blood. Below this, and embracing about two feet of the middle of the ileum, it was of an ivory whiteness, and contained nothing but the natural mucous secretion—exhibiting a wonderful contrast to the portions above and below. The remaining portion of the ileum and all of the large intestine were congested, of a dark red color, and covered with coagulated blood. The sub-mucous and peritoneal layers of the intestines opposite the congested portions, were more or less discolored—probably a cadaveric change. In sponging the mucous surface carefully, no abrasion, softening or other change was observable. The vessels, usually observed traversing the intestines, were empty; in fact,

the body appeared to be completely drained of blood. This child was born of healthy parents; no hæmorrhagic predisposition can be traced; no spot or pimple was observed during life. The remaining children, three in number, are healthy and robust.

A distinguished French pathologist says, that several diseases of the mucous membranes assume the form of a flux, and "present, as their principal, or even as their only symptom, an abundant discharge of blood, serum or mucus. The hyperæmia is not in this, as in inflammatory affections, necessarily of a sthenic or active character, and must not be confounded with the inflammatory affections of this membrane. In the hæmorrhage, the conditions of the hyperæmia are such, that the blood, instead of accumulating in the vessels of the mucous tissue, escapes from them, as fast as it arrives; but how the vessels are in such cases modified, in order to allow the escape of the blood which traverses them, is a mystery which we are totally unable to divine."

6 *Brookline St., Blackstone Square, June,* 1858.

CASE OF MALIGNANT PUSTULE.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was a lady, aged 45, who had enjoyed general good health, not having called a physician for the last 12 years; she was stout and robust.

On Tuesday, the 23d of March, she came into my office and said to me, "Doctor, what is that on my head?" Upon examination, I found a slight swelling (over the left temple) with a point appearing to me as if she had been bitten by some poisonous insect. I told her that it looked like poison of some kind. She then asked me if it was erysipelas (a disease which was then quite prevalent in the neighborhood). I told her no. There was very slight redness. She then said, now I recollect, whilst I was busy last Saturday, the 20th of March, I felt something prick me on my head, and put up my hand to brush it off; afterward, looking in the glass, I saw this slight swelling which looked like a spider bite. This swelling had not troubled her at all, and she merely came in to find out whether it was erysipelas or not. She had applied spirits of camphor to the swelling. I recommended the application of aqua ammoniæ.

Wednesday, the 24th, I visited her and found the swelling increasing, with slight tenderness on pressure. I opened it with a lancet, and advised poulticing, as I found a small amount of pus. The pulse was 70, the tongue moist and clean; the patient said she suffered no inconvenience from the swelling "excepting the look of it."

Thursday, March 25th, I found my patient up and dressed, in good spirits, having had a good night's sleep; the swelling still in-

creasing. She began to complain of pain in her head; in the afternoon, the pain was worse, and the swelling extended to both eyes and down the left cheek. I ordered 8 grains of Dover's powder. The pulse was 80; patient sat up all day.

Friday, March 26th, the patient was sitting up as usual; she said the pain had all left her head, and she felt nicely; pulse 80; tongue slightly coated; swelling increasing. This afternoon, about 4 o'clock, I called and found her sitting up; she said she was free from pain, but was very sleepy and was afraid to go to sleep for fear she would not awake. Her pulse was slightly intermittent; she was undressed and went to bed. I desired a consultation. The friends telegraphed to Dr. A. A. Gould, of your city, who unfortunately missed the last train that evening, and did not arrive till next morning. I visited her that evening about 7 o'clock, and found her comatose, in which state she continued till she died, at half past 12, Saturday noon, the 27th of March.

Dr. Gould arrived at half past 8 Saturday morning, and after an examination of the case, with my history of it, pronounced the swelling malignant pustule.

Now, Messrs. Editors, I would inquire of you, or some of your more experienced contributors (as this was the first example I ever saw of this disease), what would be the proper treatment in these cases, and when shall the treatment begin? When shall the deep incision be made and caustic applied? When shall carbonate of ammonia be given? If a person comes to a physician with a slight swelling attended with some redness (or something called "a pimple"), would it be proper to make an incision and apply caustic immediately? It seems to me to be a disease very difficult to diagnosticate. Very respectfully, D. Dana.

Lawrence, June 9th, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

April 26th.—*Congenital Umbilical Hernia.* The account of the case, sent to the Society by Dr. Daniel Chaplin, of East Bridgewater, was read by Dr. George Hayward, Jr.

On August 18th, 1856, Dr. C. attended Mrs. —— in confinement at West Bridgewater; the labor was natural, and the child was born in about four or five hours. At the time of birth, a peculiarity was noticed about the navel, which, upon examination, was found to be owing to a congenital umbilical hernia. The hernial tumor was of the shape of a flattened sphere, and measured around the umbilical opening $7\frac{1}{2}$ inches, around its largest part 9 inches, and in its short diameter $2\frac{1}{2}$ inches. It was covered externally by an expansion of the outer part of the umbilical cord (which had been tied about five inches from the tumor), and this, with the peritoneum, formed a transparent membrane,

through which could be distinctly seen the peristaltic action of the intestines, and an object of a pale red color, which appeared to be the liver. Within a few hours after birth, the membrane covering the tumor became somewhat opaque, but what was supposed to be the liver could still be distinctly felt, though not so clearly seen as before. Indeed, even as late as the second day, Dr. Hichborn, of North Bridgewater, who saw the case, could indistinctly see the object and feel it very plainly.

The hernia could only be partially reduced; but, as it was not strangulated, the bowels having acted freely from castor oil, and the child appearing to be perfectly well, Dr. C. decided (having previously consulted with Dr. Hichborn, of North Bridgewater and Dr. Hayward, Jr., of Boston, who agreed with him on the subject), to continue the treatment at first adopted. This consisted merely in applying a piece of linen, spread with althæa ointment, over the whole tumor, with a compress so secured as to make a moderate pressure upon it. Dr. C. was the more inclined to pursue this course from having found, in "Underwood on Children," a description of a similar case (to which is applied the term "hepatomphalos"), where the hernial tumor was treated in this way until it gradually retracted, and at last entirely disappeared.



The tumor lessened daily in its short diameter, but enlarged at the navel, which seemed to be owing to a change in the position of the liver. When first seen, it lay at a right angle with the linea alba; as the tumor decreased it assumed an oblique position with regard to it, and gradually passed round into a direct line with it. On the fifteenth day it seemed to be tipped up on end, as it were, and on the sixteenth it entirely disappeared, having slipped into the cavity of the abdomen. The external covering of the tumor began to shrivel up a few days after the child's birth, and suppuration, attended with some fœtor, came on underneath it; by the twentieth day it came off entirely, leaving the tumor covered with healthy granulations, and with a place on one side where the ends of the bloodvessels of the umbilical cord, about an eighth of an inch long, could be distinctly seen.

The child continued to be perfectly healthy, and grew very well, the tumor gradually diminishing, until, at the end of five months, all that remained of it was a little projection at the navel half an inch long, and of about the diameter of a thimble, which projection was not increased by crying.

When last seen he was nineteen months old, a well-grown and perfectly healthy child, having at the navel a circular space an inch and a

quarter in diameter, formed of close wrinkles converging towards the centre, where there is a prominence of the size of the end of a thimble, and about a quarter of an inch high, with a mark like the cicatrix of an old wound running through it. The wrinkles on the prominent part are finer than those on the flat part, and the whole is covered with natural-looking skin.

The photograph, from which the accompanying cut was made, was taken when the patient was three days old.

May 24th.—*Extensive softening of the Brain; Apoplexy; remarkable absence of the usual Symptoms.* Dr. Ellis reported the case.

An unmarried woman, 27 years of age, who had always enjoyed pretty good health, became feverish on May 10th. On the following day erysipelas made its appearance upon the face, but by the 13th she was nearly well. At 10, P.M., she noticed some numbness of the left arm and leg, which by 3 o'clock became perfectly paralyzed, sensation being at the same time entirely lost. At 8, A.M., on the following mornings, he had a convulsion, followed by four others, the last at 10 in the evening, each occupying about 40 minutes. Ether was administered, but she was at no time unconscious, and actually spoke while convulsed, and after the cessation of the attacks the intelligence was perfectly good. There was at no time any dilatation of the pupils, and only slight pain in the head. The muscular power and sensation returned, to some extent, in the left arm on the day of her death, and no stupor was noticed until that time, when there was some picking at imaginary objects, and stertor. On the night of the 15th, there was constant flexion and extension of the right arm. Half an hour before death, the pulse was 76, firm and steady. The bowels were easily acted on and under perfect control, as well as the bladder.

Sectio Cadaveris.—On examination of the head, the convolutions of the brain were found somewhat flattened. A decided extravasation of blood had taken place within and beneath the pia mater, over the upper part of the right hemisphere. The same was noticed, though much more limited, at the posterior part of the left. Much of the corresponding portions of the brain was, to the touch, decidedly softer than usual. On incision, a large part of the substance of the right hemisphere, from the surface to the level of the lateral ventricle, was very soft, and here and there almost deliquescent, mostly white, but in points slightly yellowish. In these softened portions, both gray and white, extravasations of blood were seen, mostly in the form of puncta, single or in groups. In the cortical, and a portion of the medullary substance on the right side, the tissue was so infiltrated with blood as to resemble very closely a coagulum. Similar appearances were noticed elsewhere.

The posterior part of the left hemisphere presented precisely the same appearances, although the extent of the disease was much less. The other portions of the brain were sufficiently healthy. The lateral ventricles contained the usual amount of serum. Nothing remarkable was found on examination of the other organs.

Judging from the fact that the softening was so extensive, and the apoplectic points so widely disseminated, it is altogether probable that the former was the primary lesion. With regard to its cause, nothing was ascertained. A microscopic examination of the diseased parts was unfortunately omitted, and no obstructed vessel was found.

May 24th.—*Rupture of the Perineal Artery in Labor; Laceration of the Perinæum.* Dr. Ainsworth mentioned the case.

Mrs. H. was brought to bed with her first child May 12th. The labor was lingering. After twenty-four hours, ergot, in the form of tincture, was administered to the extent of one ounce. In the course of six hours, this failing to arouse labor pains, the forceps were applied, and she was successfully delivered of a living child weighing twelve pounds. An extensive rupture of the perinæum was produced by the passage of the child's head; not, however, extending to the sphincter ani. The uterus was felt firmly contracted at the lower part of the abdomen. After waiting about ten minutes, slight traction was made on the cord, and Dr. A. was surprised to find under the clothes a large clot of blood. On withdrawing the hand, spots of blood were seen on the coat sleeve, like those produced by a bleeding artery. An examination showed the transverse perineal artery to be ruptured, and bleeding freely *per saltem*. A ligature was passed around it, and the case recovered without accident.

Bibliographical Notices.

Elements of Inorganic Chemistry, including the Applications of the Science in the Arts. By Thomas Graham, F.R.S.L. & E., late Professor of Chemistry in University College, London. Edited by Henry Watts, B.A., F.C.S., and Robert Bridges, M.D. Second American Edition. Philadelphia: Blanchard & Lea, 1858. 8vo. Pp. 852.

This is a new American edition of Graham's Inorganic Chemistry, from a second English edition recently published. Nearly four hundred pages of new matter, judiciously selected from the immense amount of material which has accumulated since the appearance of the first edition in 1843, have been added to what originally formed a volume of four hundred and seventy-five pages, rendering it the most complete and at the same time the most recent treatise upon Inorganic Chemistry in the English language. The portion upon Organic Chemistry is not republished with it, and we see no notice of its intended reproduction. Although a far greater amount of time and labor, and a far greater proportion of the chemical investigations and researches of the last fifteen years have been devoted to the study of organic than of inorganic nature, nevertheless the latter has not been neglected. Series of compounds, which were more or less imperfect, have been partially or completely filled by the discovery of the missing members, and four new elements have been added, expanding the list to fifty-nine. The result of the exact study of numerical data, the basis of calculation of the theoretical chemist, and lucid explanations of the fundamental views of the constitution of salts, are very fully given in this work. In the form of a supplement, there is to be found an account of the most recent investigations of heat, light, and electricity, of chemical classification and affinity, of diffusion of liquids, of osmose, of the metals of the alkalies and earths, such as aluminium and compounds of ammonium, and the non-metallic elements. Under the head of Ozone, Prof. Graham says,—"the nature of ozone is still a matter of discussion. That it is a higher oxide of hydrogen was first suggested by

Prof. Williamson, who passed ozoniferous oxygen, obtained by electrolysis, first over chloride of calcium to dry it, and then through a glass tube in which it was either heated by a spirit lamp or brought in contact with finely divided copper at a red heat. The ozone was thereby decomposed and deprived of its odor, and water was deposited. The same view has been further supported by the more recent experiments of Baumert, who has likewise analyzed the ozone quantitatively, and finds that it is a *teroxide of hydrogen* HO_3. Baumert has also found, in accordance with the observations of previous experimenters, that perfectly dry oxygen gas, subjected for some time to the action of the electric spark, is brought into an allotropic state with peculiar properties. Andrews could not discover any trace of water in the decomposition of electrolytic ozone by heat. But, as this modified oxygen, when it exhibits the odor of ozone, or any of its peculiar reactions, is necessarily brought into contact with moisture, it is highly probable that it then combines with the elements of water, forming the true ozone HO_3, and that to this the odor and oxidizing actions are really due. The existence of hydrogen in it can hardly be denied until some valid objection is adduced against the results obtained by Baumert and Williamson."

Any observations regarding the nature and properties of this peculiar body are of interest to the medical observer. In this connection, therefore, reference may be made to the experiments undertaken by Prof. Wm. B. Rogers, of Boston, to ascertain the variations of ozone in the atmosphere of this city For this purpose he made use of the prepared paper of Schönbein's ozonometer (paper soaked in a solution of iodide of potassium, the iodine being liberated and turning the paper brown in the presence of ozone). In remarks made before the Natural History Society two years since, Prof. R. stated "that he had been struck with what seems a fixed relation between the direction of the aërial current and the amount of ozone prevalent at the time in the atmosphere. As long as the wind had continued to come from eastern or southern points, he had found the ozone to be nearly or quite absent; but whenever the current had changed to west or northwest, the test paper had unfailingly indicated its presence in considerable force. The rapidity and amount of this effect had always been greatest when the wind had hauled suddenly to west and north, and had blown violently, but it had continued to manifest itself, although with slow abatement, as long as the current held from this quarter."

The following extract, concerning the disinfecting properties of wood-charcoal and platinized charcoal, may be of interest.

"*Charcoal as a disinfectant.*—The power which wood-charcoal possesses of absorbing and decomposing gaseous bodies has lately been applied by Dr. Stenhouse to the construction of ventilators and respirators for purifying infected atmospheres. In a pamphlet, bearing the title "On Charcoal as a Disinfectant," Dr. Stenhouse observes—"Charcoal not only absorbs effluvia and gaseous bodies, but, especially, when in contact with atmospheric air, rapidly oxidizes and destroys many of the easily alterable ones, by resolving them into the simplest combinations they are capable of forming, which are chiefly water and carbonic acid. . . . . effluvia and miasmata are generally regarded as highly organized, nitrogenous, easily alterable bodies. When these are absorbed by charcoal, they come in contact with highly condensed oxygen gas, which exists within the pores of all charcoal which has been exposed to the air, even for a few minutes; in this way they are oxidized and destroyed." On this principle, Dr. Stenhouse has constructed *ventilators*, consisting of a layer of charcoal enclosed between two sheets of wire

gauze, to purify the foul air which accumulates in water-closets, the wards of hospitals, and in the back courts and lanes of large cities. By the use of these ventilators, pure air may be obtained from exceedingly impure sources, the impurities being absorbed and retained by the charcoal, while a current of pure air alone is admitted into the neighboring apartments. A similar contrivance might also be applied to the gully-holes of our common sewers, and to the sinks in private houses. Dr. Stenhouse has also constructed *respirators*, consisting of a layer of charcoal a quarter of an inch thick, interposed between two sheets of silvered wire gauze, covered with woolen cloth. They are made either to cover the mouth and nose, or the mouth alone; the former kind of respirator affords an effectual protection against malaria and the deleterious gases which accumulate in chemical works, common sewers, &c. The latter will answer the same purpose when the atmosphere is not very impure, provided the simple precaution be taken of inspiring the air by the mouth, and expiring by the nose. This form of respirator may also be useful to persons affected with fetid breath. Freshly heated wood-charcoal simply placed in a thin layer in trays, and disposed about infected apartments, such as the wards of hospitals, is also highly efficacious in absorbing the noxious matter.

Platinized charcoal.—The power of charcoal in inducing chemical combination is greatly increased by combination with minutely divided platinum. In this manner, a combination may be produced possessing the absorbent power of charcoal (which is much greater than that of spongy platinum), and nearly equal, as a promoter of chemical combination, to spongy platinum itself. In order to platinize charcoal, nothing more is necessary than to boil it, either in coarse powder or in large pieces, in a solution of bichloride of platinum, and, when thoroughly impregnated, which seldom requires more than ten minutes or a quarter of an hour, to heat it to redness in a close vessel, a capacious platinum crucible being well adapted for the purpose. * * * * * * Platinized charcoal seems likely to admit of various useful applications; one of the most obvious of these is its excellent adaptability to air-filters and respirators. From its powerful oxidizing properties, it may also prove a highly useful application to malignant ulcers and similar sores, on which it will act as a mild but effective caustic."

B. S. S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 17, 1858.

THE AMERICAN PHARMACEUTICAL ASSOCIATION.

The publication of the "Proceedings of the American Pharmaceutical Association, at their sixth Annual Meeting," and the importance of this Society to the community, and to the medical profession, must be our excuse for making a few remarks on the mutual relations of pharmacy and the practice of our art. We have always been an advocate for the rational treatment of disease. We believe that the number of specific medicines is small, and that scarcely any two cases of disease are to be treated exactly alike. To seek for a specific for every disease is the mark of a shallow mind. The progress of the science of therapeutics is in the opposite direction; the greater the advance made in that branch of medicine, the more evident does it become that the treatment in every case of disease is to be varied according to a thousand varying circumstances, depending upon the condition of the patient, the prevailing character of the maladies of the season, the season of the year, and many other considerations. Our readers well know, also, that we are in favor of the treatment of disease without

the aid of drugs, so far as they can be safely dispensed with, and that we must look for more improvement in the art of preventing sickness than of its cure.

Far be it from us, however, to ignore the necessity of the employment of drugs in the practice of medicine. So long as our art shall exist, we shall be to a great extent dependent upon them, as the mechanic must always be dependent upon his tools, though the most skilful workman will generally employ the fewest, and those of the simplest construction. The pharmaceutist is to the physician what the machinist is to the engineer; he prepares our implements, and his art must improve in the same degree as ours. The volume of Transactions before us shows how great has been the improvement in pharmacy within the past few years. New substances of great power and value have been added to the pharmacopœia, and the value of old ones has been greatly enhanced by new methods of combination, whereby their efficacy has been increased, their bulk has been concentrated, their taste rendered less offensive, and their form made more pleasing to the eye.

The American Pharmaceutical Association consists of upwards of two hundred members, from all parts of the country, including about thirty from our own State, and the published volumes of its Transactions are evidence of the favorable influence it must exert upon the progress of pharmacy. The one just issued is of unusual interest, both from the zeal manifested by its members in the improvement of the art, and the great utility of the papers which were read at the meeting in Philadelphia. When there is so much that is excellent, we can only refer to a few subjects which deserve especial attention. We are much struck, in reading this volume, with the importance assigned to the ethics of the profession of pharmacy. The subjects of the sale of poisons, of the commerce in quack medicines, and of the true relations of the physician and the apothecary, appear to have occupied a considerable share of attention during the session. Among the reports, we notice one which demands the serious attention, not only of the medical profession, but of the government and the community. We allude to that on weights and measures. The committee urge the importance of adopting an uniform decimal system, and the arguments employed are most convincing. They propose to substitute for the present system of weights, one of which the standard is the pound *avoirdupois*, to be divided into 10 ounces, and each ounce into 10 drachms, each drachm into 10 scruples, each scruple into 10 grains. Again, 10 pounds will make one stone, 10 stones one hundred weight, 10 hundred weights one ton. For measures, they would have the gallon as the standard unit, containing exactly 10 pounds of distilled water, to be subdivided into decimals of pints, ounces, drachms, scruples and grains; 10 gallons will equal one anker, and 10 ankers one ton. The system may require some modification, but we are convinced that the time has come when one substantially like it must be adopted, and we earnestly hope that the subject will soon seriously occupy the attention of Congress.

The committee on the sale of Poisons have some hesitation in recommending the establishment of stringent laws against the sale of dangerous substances, being rather inclined to believe that the public safety lies more in the extension of scientific and general intelligence among druggists, than in the enactment of compulsory statutes. They

make an earnest appeal on the subject to druggists and pharmaceutists in the United States, which we hope will not be disregarded. The report on the progress of pharmacy is a long and able one, in which we are glad to see it stated that "the *Massachusetts College*, though not a teaching institution, in the collegiate sense, seems to be infused with quite as much vitality as any of her sister institutions, and in some regards is an example to all."

Our space will not permit us to refer to many other valuable papers contained in the Transactions, but we must call attention to the admirable essay of Mr. Edward Parrish on Ethical Analysis, in which the duties of the pharmaceutist are pointed out and illustrated by an ingenious and pleasing comparison to the methods employed in the manipulations of the laboratory.

We hope the Transactions of the association will be extensively circulated, and that the institution will long continue to diffuse its usefulness throughout the country.

PROLAPSUS OF THE FUNIS.

In our last issue, we referred to the treatment of this accident, recommended by Dr. T. Garland Thomas, of New York City. Since then, we have received Dr. Thomas's paper, and find that he has added a fourth rule of treatment to those we have already printed from the *New York Journal of Medicine*. We re-print the "rules" entire.

1st. If the cord is detected before the waters have broken, let no manual assistance be offered, but place the woman at once in position, and trust to this for its return to the uterus.

2d. Should the waters have flowed away, and left the cord below the head, place the woman in position, and push it up with the hand if practicable, or with a *porte-cordon*, consisting of a gum-elastic catheter, with a tape passed through it, if not so.

3d. Let no manipulations be commenced until the woman be placed in position.

4th. That, in returning the cord, the whole hand be introduced into the vagina; this is essential to success; the fingers alone will fail.

DEATH OF DR. DEANE, OF GREENFIELD, MASS.

We regret to announce the death of this distinguished and most estimable man, which took place at Greenfield, on Wednesday, June 2d; from what disease we have not yet learned. Dr. Deane was in the prime of life and usefulness, being only 56 years old. Highly accomplished in medical acquirements and very skilful as a surgeon, his loss will be deeply and widely felt. Those associated with him in his professional capacity, and his numerous friends and acquaintances can best appreciate its extent. We have been accustomed for a long time to hear him spoken of in exalted terms, but his well-known modesty and somewhat retiring habits kept him from assuming that prominence to which his varied knowledge and many talents entitled him.

Dr. Deane was an occasional contributor to the pages of this Journal; and some time since we had occasion to notice the elegant contribution made by him to the science of Natural History, and which was illustrated by his own hand. He was the first to discover the bird-tracks in the sand-stone formation of the Connecticut river. A large work upon this subject by him, was in progress when he was at-

tacked by his last illness. We hope that some one familiar with Dr. Deane's life and character will give us a sketch thereof, as many will be gratified to know more of such a man.

The Maine Medical and Surgical Reporter.—It has always been a matter of surprise that no medical journal existed in the State of Maine. A year or two since, an effort was made to establish one, but for some reason the plan fell through. A new journal, with the above title, has been laid on our table, and we heartily wish it success. The *Reporter* will be issued monthly, each number containing at least forty-eight octavo pages, for the price of *three dollars* a year. The editors and proprietors are Drs. W. R. Richardson and R. W. Cummings. The editorial department shows talent and devotion to the best interests of the profession and the community. We are glad to see, in the article headed "Politics in Medical Appointments," a denunciation of the conduct of the executive of this State in the removal of Dr. Lothrop from the Rainsford Island Hospital, and in the appointment of his successor. The *Reporter* is well printed, and is altogether creditable to the State of Maine.

Increase of Insanity in England.—It would appear, by the following statement from the *London Lancet*, that the United States are not the only country in which insanity has been on the increase during the last few years.

"There are 1000 patients in Hanwell Asylum; the house is to be enlarged so as to accommodate 2000. There are 1200 pauper lunatics in the house at Colney Hatch. Yet there are still 1100 pauper lunatics in Middlesex unprovided for. 'A few years ago lunatics were in the proportion of one to rather more than 800 of the population, while now they are in the rate of one to 700—an increase of one eighth to an increased population.'"

Health of the City.—Boston is now so healthy that there is really little or nothing to write under this head. Only 47 deaths were reported last week, of which 16 were from consumption and 3 from pneumonia. The number for the corresponding week of 1857 was 59, including 12 from consumption and 4 from pneumonia. A number of the brethren have left town for the "rural districts," and we ourselves exchanged Franklin street for the Glen House and North Conway during one blessed week, and came reluctantly home, Saturday night, much refreshed in mind and body. We counsel all whose occupations are engrossing and sedentary, to break off, if it be but for one week, at almost any sacrifice, and visit the magnificent scenery with which our country abounds. They will find the plan an economical one, by the increased stock of health and capacity for work which they will gain.

Died,—At Mercer, Me., 4th inst., Dr. Andrew Croswell, 80.—In Detroit, Mich., May 7th, Lucius Gain Robinson, M.D., 33.

Deaths in Boston for the week ending Saturday noon, June 12th, 47. Males, 19—Females, 28.—Accident, 1—inflammation of the bowels, 2—bronchitis, 1—inflammation of the brain, 1—disease of the brain, 1—cancer, 1—consumption, 16—convulsions, 1—diarrhœa, 1—dropsy in the head, 3—debility, 1—infantile diseases, 1—puerperal, 2—erysipelas, 1—typhoid fever, 1—scarlet fever, 3—disease of the heart, 1—intemperance, 1—inflammation of the lungs, 3—marasmus, 2—rheumatism, 2—whooping cough, 1.

Under 5 years, 13—between 5 and 20 years, 9—between 20 and 40 years, 10—between 40 and 60 years, 11—above 60 years, 4. Born in the United States, 29—Ireland, 15—other places, 3.

Electricity as an Anæsthetic.—Dr. D. S. Chase, of Augusta, Ga., gives a brief report, in the *Southern Medical and Surgical Journal*, of five cases in which he has extracted teeth while the patients were under the influence of electricity, and in all the cases the sense of pain was rendered much less acute.

Dental Convention of Northern Ohio.—We recently attended the second meeting of this Convention. The brethren are enlisted for the war. Their zeal and energy are really refreshing. There is possibly something in the lake breezes which imparts professional zeal. We are glad that a permanent association is about to be formed, as a result of these meetings. There is also a prospect of a local society in Cleveland and vicinity. When the members of the profession meet for mutual improvement, the cause of science must prosper.—*Dental Regis.* (*Cin*).

Proposed Changes—University of Louisville.—We learn that Prof. J. B. Flint, who succeeded Prof. Gross in the chair of surgery, in the University of Louisville, has resigned, and Prof. Palmer, the accomplished teacher of anatomy, has been transferred to the vacant chair.

We also learn that Prof. Miller, the venerable Professor of Obstetrics, has resigned. As yet we have heard no one mentioned as likely to fill either of the vacancies.

It is also reported that the new medical school at Nashville, will soon go into operation, and that Dr. May, of Washington, is to be the Professor of Surgery.—*Buffalo Medical Journal.*

Charleston Medical College.—We learn from the Charleston *Mercury* that at a meeting of the Trustees and Faculty of the Medical College of the State of South Carolina, held on the 17th of May, Dr. P. C. Gaillard was elected to the Chair of the Institutes and Practice of Medicine, in this institution, rendered vacant by the resignation of Prof. Dickson, and Dr. J. J. Chisolm to the chair of Surgery, made vacant by the resignation of Prof. Geddings.—*Oglethorpe Med. and Surg. Journal.*

Necrology of San Francisco.—The whole number of deaths in the city and county of San Francisco from 1st of January, 1858, to April 6th, is 286. A proximate statement is presented: Consumption, 69; typhoid fever, 11; sore throat, 9; pneumonia, 11; convulsions, 13; stillborn, 14; all other causes, 159. It will be remarked that the mortality from consumption is large—about one in four. Of those who died of consumption, the average age is 26 years; twenty-nine were between 20 and 30; twenty-nine between 30 and 40, and only nine over 40, and two were under 20 years. The disease feasts at the banquet of youth and beauty, here as all over the world.—*Pacific Med. and Surg. Journal.*

Infants found dead in bed, are not generally killed by being lain on by their mothers, but by being suffocated under the bed-clothes, with carbonic acid gas exhaled from their own lungs and re-inspired. They die without pain, in a profound sleep. Mothers, give your babes more air. Let them sleep with their heads uncovered. Do not let them go to sleep on or under your arm, for when you cover yourselves, in the half unconsciousness of partial sleep, you will cover your darlings' heads also, and in the morning may find them still in sleep—a sleep from which your caresses cannot awake them.—*Ibid.*

Death of Dr. Widmer.—Dr. Widmer, a physician well known to every person who has ever resided in Toronto, for many years a Legislative Councillor, and one of the oldest medical practitioners in the Province, died lately. He had been in the Legislative Council during several of the recent debates there, apparently in his usual health. But it seems that the loss of an only son, some time ago, had very much preyed upon the mind of the father. He had had a very handsome vault built for the body of the young man, and had gone to visit the place. On arriving at the steps going down to the door of the vault, he was overcome by some sudden emotion, mental or physical, and fell down the stairs. There he lay some hours, and was at last found by a passer-by. The day was cold, and a person of Dr. Widmer's age must have suffered greatly from the lowness of the temperature, if from no other cause. But it is presumed that the attack was one, in itself, of a mortal tendency, and though the doctor was alive when he was found, and conveyed home, he only lived a very few hours.—*Montreal Med. Chronicle*, from *Montreal Herald.*

THE

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FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO, N. Y.

[Communicated for the Boston Med. and Surg. Journal.]

It is not sufficient to consider fractures of this bone as occurring through the shaft and its two extremities, as some systematic writers have done; since upon this simple arrangement it is impossible to base a natural division of their causes, symptoms, prognosis and treatment.

We shall find it necessary to consider,

First. Fractures of the head and anatomical neck. (Intra-capsular; non-impacted and impacted.)

Second. Fractures through the tubercles. (Extra-capsular; non-impacted and impacted.)

Third. Longitudinal fractures of the head and neck, or splitting off of the greater tubercle.

Fourth. Fractures of the surgical neck. (Including separations at the upper epiphysis.)

Fifth. Fractures through the body of the shaft, or, of the shaft below the surgical neck and above the base of the condyles.

Sixth. Fractures at the base of the condyles. (Including separations at the lower epiphysis.)

Seventh. Fractures at the base, complicated with fractures between the condyles, extending into the joint.

Eighth. Fractures or separations of the internal epicondyle.

Ninth. Fractures or separations of the external epicondyle.

Tenth. Fractures of the internal condyle.

Eleventh. Fractures of the external condyle.

Of 90 fractures of the humerus examined by me, 16 occurred through the upper third, 15 through the middle third, and 59 through the lower third. Or, if we reject fractures of the head and neck, and fractures of the condyles, and confine our analysis to the shaft, 12 belong to the upper third, 15 to the middle third, and 27 to the lower third. An observation which is in contrast with the statement made by Amesbury, and which has been repeat-

ed by Lizars, B. Cooper, Fergusson, Gibson and others, that this bone is most often broken in its middle third.

Of the fractures belonging to the upper third, one was a separation at the junction of the epiphysis with the shaft, one was probably a fracture at or near the anatomical neck, with impaction and splitting of the tubercles, one was a fracture of the greater tubercle alone, and eight were fractures of the surgical neck.

Of the fractures belonging to the lower third, 14 were through the internal condyle and epicondyle, 14 through the external condyle, 14 were at the base of the condyles, and 4 through the condyles and across the base at the same time. The remainder, 13, being through the shaft, but above the base.

Unfortunately, surgical writers have not been agreed in the use and application of the terms "head," "neck," "anatomical neck," and "surgical neck" of the humerus; and as a consequence their meaning is often obscure, and their teachings are sometimes contradictory and absurd.* It is necessary, therefore, that we should define them more precisely.

The "head of the humerus" is that smooth, elliptical surface, covered by cartilage and synovial membrane, which articulates with, and is received into the glenoid cavity of the scapula.

The "anatomical neck" is the narrow line immediately encircling the head, and which receives the insertion of the capsular ligament.

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* *Head.*—Liston includes, in the term "head," all the space above the lower line of the tubercles (*Practical Surgery*, p. 49), and other surgeons have frequently spoken of the tubercles as a part of the head of the humerus.

Neck.—Chelius says that "a fracture of the neck of the humerus is that which takes place either near the tubercles of the bone, in them or above them." (*Surgery*, vol. i., p. 606.) By which he evidently means to say that the "neck" includes the whole of both the anatomical and surgical necks, with the tubercles. A definition which seems to me sufficiently accurate, in case we think it worth while to employ the term "neck" at all in a general sense as distinguished from the specific terms "anatomical" and "surgical." But Malgaigne uses the term "neck" in only one sense, namely, as applied to the so-called "surgical neck." He never uses it in a more general sense, nor does he even speak of fractures of the "anatomical neck," but of "fractures intra-capsular, or of the humeral head," which we understand to include fractures of the anatomical neck, as well as fractures of the head. While Robert Smith speaks of fractures of the "neck" as those which occur through the anatomical neck, or through the tubercles, or at a point as low as the epiphysis, and he mentions that by practical writers this whole region is often called "anatomical neck." (*On Fractures*, p. 184.) Amesbury confines the term "neck" to the anatomical neck properly speaking, "where it gives attachment to the capsular ligament." (*On Fractures*, vol. ii., p. 535.) It will be seen that I have employed the term "neck" as a generic term, including both anatomical and surgical neck, with the tubercles, but I think it would be better if the term was rejected altogether.

Anatomical Neck.—Sir Astley Cooper speaks of the anatomical neck as being at the point of junction between the epiphysis and diaphysis. (*On Disloc., Amer. Ed.*, p. 371.) He also speaks of "fractures through the tubercles or anatomical neck" (p. 379). It is not very plain whether Sir Astley intended to call the nearly transverse line just below the tubercles, which is the real line of the epiphysis, the anatomical neck, or whether he supposed the line of epiphyseal separation to follow the line of the insertion of the capsule, as Vidal (de Cassis) (*Traité de Pathologie Ext.*, etc., tom. ii., p. 114) and Reichel (*Malgaigne*, vol. i., p. 527) have since supposed.

Surgical Neck.—"Fractures below the articulation, between it and the insertions of the pectoralis major, latissimus dorsi, teres major, coraco-brachialis, and deltoid muscles. This part has been called the surgical neck." (*A. Cooper, op. cit.*, p. 372.) Norris places the surgical neck "between the tubercles and the insertion of the pectoralis major, coraco-brachialis, latissimus dorsi, teres major and the deltoid muscles." (*Amer. Jour. Med. Sciences*, vol. xxvi., p. 227.) Erichsen drops from the definition only the coraco-brachialis. (*Surgery*, p. 209.) Malgaigne drops also the deltoid (*Traité des Frac.*, vol. i., p. 514), and Gibson the teres major; so that, according to this latter, the surgical neck is only that portion which is intermediate to the tuberosities on the one hand, and the pectoralis major with the latissimus dorsi on the other. (*Surgery*, vol. i., p. 279.)

The "surgical neck" is that portion which commences at the lower margin of the tubercles, or at the point of junction between the epiphysis and the diaphysis, and which terminates at the insertion of the pectoralis major and latissimus dorsi.

The "neck" is all of that portion included between the head and the insertion of the pectoralis major and latissimus dorsi, comprising not only the anatomical and surgical necks, but also the tubercles, which occupy the triangular space between these two.

§ 1. *Fractures of the Head and Anatomical Neck. (Intra-capsular; Non-Impacted and Impacted.)*

Causes.—The causes which have been found competent to produce fractures of the head and anatomical neck are, the penetration of balls or of other missiles directly into the joint, producing thus a compound, and generally comminuted fracture of the head; or falls, or direct blows upon the shoulder without penetration.

Pathology, Results, &c.—When the fracture results from the direct penetration of some foreign body into the joint, it is not only a compound fracture, but the head of the bone is almost necessarily broken into fragments. These accidents are generally fatal; not so much from the peculiar nature of the injury, as from the severity of the blow requisite for their production, and from the complications which usually attend them. If the patients recover, sooner or later the fragments have generally to be removed.

Fractures of the anatomical neck, produced by falls upon the shoulder without penetration, are, however, usually neither compound nor comminuted, but they often traverse, with a remarkable degree of accuracy, the line of the insertion of the capsular ligament, being always, according to Robert Smith, within the inferior or outer margin of this insertion. He calls them, therefore, intra-capsular. It is probable, however, since, as we shall presently see, bony union is not denied to this fracture, that the line of separation is not always, or generally perhaps, completely within the insertion of the ligament, but it is in some degree extra-articular, if not extra-capsular. If it is entirely intra-articular, no doubt union of the fragments can never take place, and generally suppuration will ensue, demanding, at a period not very remote, an operation for their removal, the same as in compound fractures. Dr. Daniel Brainard, of Chicago, informs me that he has twice had occasion to open the shoulder-joint for the removal of the head of the bone, rendered necessary by the suppuration resulting from severe injuries. In the first case, Dr. Brainard removed the fragment about one year after the accident. It was "loose, necrosed and partly absorbed or macerated." In the second case the operation was made about three months after the receipt of the injury. Both have recovered, with pretty useful arms.

Gibson, however, thinks that the fragment occasionally remains, being gradually absorbed and changed in figure. He says that his Museum contains three or four well-marked cases of this kind, in

all of which the head has lost its spherical form, and is very much diminished, and rough and flattened next to the scapula.* Other cabinets contain similar specimens.

The displacements to which the upper fragment, or the head of the bone, is subject, are remarkable, and some of them do not seem to be satisfactorily explained. Frequently, indeed, its position is not sensibly disturbed, but at other times it is found impacted, or driven into the cancellous structure of the inferior fragment, in consequence of which one or both of the tubercles are frequently broken off.

Robert Smith relates the following case as having afforded him his first opportunity of ascertaining, by *post-mortem* examination, the exact nature of this form of displacement.

"A female, æt. 47, was admitted into the Richmond Hospital under the care of the late Dr. McDowell, for an injury to the humerus, the result of a fall upon the shoulder. Five years afterward the woman was again admitted, under the care of Mr. Adams, with an extra-capsular fracture of the neck of the femur, one month after the occurrence of which she died, in consequence of an attack of diarrhœa.

"The shoulder was of course carefully examined; the arm was slightly shortened, the contour of the shoulder was not as full or round as that of its fellow, and the acromion process was more prominent than natural. Upon opening the capsular ligament, the head of the humerus was found to have been driven into the cancellated tissue of the shaft, between the tuberosities, so deeply as to be below the level of the summit of the greater tubercle; this process had been split off and displaced outward; it formed an obtuse angle with the outer surface of the shaft of the bone."†

The description is accompanied with two excellent drawings of the specimen, showing the distance to which the superior fragment had penetrated the inferior, and showing also complete union by bone.

I believe, also, that in the following example there was a fracture at or near the anatomical neck, with impaction, and splitting of the tubercles.

January 12th, 1858, a young man, aged about 16 years, fell from a height in a gymnasium, severely injuring his left shoulder. I saw him, with Dr. Boardman, soon after the accident, and found him complaining very much of the shoulder, which was some swollen and tender. He could not tell us how he fell, nor could we discover any contusions by which to determine the point where the blow was received. All motions of the shoulder-joint were painful; and there was a remarkable fulness in front of the joint, feeling like the head of the bone, yet not such as is usually present in a forward luxation. To determine this more positively, however,

* Gibson. Elements of Surgery, vol. i., p. 279.
† R. Smith. Fractures in vicinity of Joints, pp. 191–3.

the limb was manipulated as for the reduction of a dislocation. Once during the manipulation a feeble but distinct crepitus was detected; yet the position of the bone remained unchanged. The head was found to be in the socket, but the precise nature of the injury was not made out.

Fifteen days later, when the swelling had completely subsided, a careful examination was again made by Dr. Boardman and myself, when we arrived at the conclusion that it was a fracture through the bicipital groove, and that the greater tubercle was carried forward half an inch or more from its fellow, while the head, with the lesser tubercle, occupied their natural positions opposite the socket. The fragment projecting in front presented a sharp point, and could not be confounded with any swelling of the soft parts. There was a distinct space between the tubercles, into which the finger could be laid. No depression existed under the acromion process behind, but on measurement the head of this humerus was found to be half an inch wider in its antero-posterior diameter than the opposite.

That this fracture was accompanied with impaction was rendered certain by the repeated and careful measurements of the length of the humerus, which constantly showed a shortening of half an inch.

Under these circumstances union generally takes place; but it is usually accompanied with the formation of an irregular mass of osteophytes, which encircle the head like a coronet; presenting in this respect again a remarkable resemblance to extra-capsular fractures of the neck of the femur. This insheathing callus, as it may be called, is an outgrowth from the inferior fragment, and it sometimes encloses the upper fragment as the case of a watch encloses the crystal, only in a manner much more irregular, thus retaining it steadily in its place, although very little direct union has occurred. The cancellous tissue, nevertheless, is occasionally found united completely by a new and intermediate bony tissue, and at other times by a fibrous tissue, or by both fibrous and bony tissue.

In some cases a perfect false joint has been formed between the opposing surfaces, while in a few unfortunate examples the head not only refuses to unite, but by its presence, as we have already remarked, produces inflammation and suppuration, resulting in its final extrusion from the joint. The cases reported to me by Dr. Brainard, and already described, illustrate this latter class.

At other times the upper fragment turns upon its own axis, and is found more or less tilted or completely rotated in the socket; so that its cartilaginous or articulating surface rests upon the broken surface of the lower fragment, and its own broken surface presents toward the glenoid cavity.

Robert Smith has described a specimen of this kind, which he removed from the body of a woman, aged 40, who many years previous to her death fell down a flight of stairs, and struck her shoulder with great violence against the edge of one of the steps.

Whether she applied to a surgeon or not at the time of the accident, Dr. Smith was not able to ascertain. After death the shoulder looked somewhat as if there was a dislocation of the humerus into the axilla, there being a marked depression under the acromion, but the shaft of the humerus was drawn upward and inward toward the coracoid process.

When the capsular ligament was opened, the head of the bone was found to have been broken from the shaft through the line of the anatomical neck, and completely turned upon itself; and the cartilaginous surface was actually driven one inch into the cancellated structure of the shaft, so as to split off the lesser tubercle with a portion of the greater. Only one half of the upper fragment was thus impacted, the other half projecting beyond the margin of the lower fragment. Between the cartilaginous surface and the shaft no union had occurred; but there was complete bony union between the upper and lower fragment, beyond the limits of the cartilage.

The upper surface of the superior fragment rested in part against the inner half of the glenoid cavity and upon its inner margin, and in part it rested against the neck of the scapula in the direction of the coracoid process.*

Nélaton saw a similar specimen in the possession of M. Dubled, the revolution of the upper fragment being complete; but there was no lateral displacement, and the union had been accomplished in a manner similar to that which is seen after intra-capsular, impacted fractures, without reversion.†

I have also been permitted to examine a specimen belonging to Dr. Charles A. Pope, of St. Louis, Mo., which seems to have been broken not only through the line of the anatomical neck, but also through the surgical neck. Both fragments are united by bone, the lower fragment being carried in the direction of the coracoid process, while the upper fragment appears to be reversed, so that its articular surface is directed toward the shaft, and its broken surface articulates with the glenoid cavity. The history of this specimen is unknown.

It is possible, we think, that these extraordinary changes of position were not the direct result of the accident which broke the bone, but that they have been taking place gradually and through a long period. It is certainly quite as probable that the constant motions of the arm should accomplish these displacements, as that they should be produced by a direct blow; indeed, the former supposition appears to us much the most probable.

There is another supposition which, in my opinion, is capable of explaining most of the phenomena usually present in these cases, and which renders the supposition of a fracture unnecessary. It is, that these are all of them examples of softening of the neck

* R. Smith. *Op cit.*, pp. 193–6.
† Nélaton. *Elémens de Pathol. Chirur., tom. prem.*, p. 730.

of the bone, as a result of chronic inflammation, ulceration, &c.; and that the changed position of the head is due to pressure alone, being acted upon by the muscles which surround the joint, and which act all the more vigorously because they partake also of the inflammation which has invaded the bone. This view of these specimens, which had already more than once suggested itself to me, was very strongly confirmed by its having occupied the mind also of Dr. Neil, of Philadelphia, and who at his own instance stated to me that he believed this was their true explanation. We were, at the time, examining Dr. Pope's specimen, already alluded to, and on comparing it with a specimen of dislocation and partial absorption of the head of the humerus, contained in Dr. Neil's Museum, the points of resemblance were so numerous and striking that we felt compelled to doubt whether Dr. Pope's specimen, together with those seen by Smith and Nélaton, did not belong to the same class with this of Neil's.

In a case of fracture of the "cervix humeri within the capsular ligament," examined by Sir Astley Cooper, there was also a complete forward luxation of the head; but ligamentous union had occurred between the fragments.* Many similar cases have been reported by other surgeons.

§ 2. *Fractures through the Tubercles.* (*Extra-capsular; Non-Impacted and Impacted.*)

Under this division we intend to speak of all fractures traversing the upper end of the humerus, and involving the tubercles, or of all those which occur between the anatomical neck on the one hand, and the epiphyseal junction, or surgical neck, on the other hand, and which may be more or less oblique as well as transverse. Fractures of the greater or lesser tubercles are of course excepted, since they are more properly longitudinal fractures, and do not completely traverse the diameter of the bone. Nor do we intend to include those fractures which occur at the epiphyseal junction, since, being below the principal insertion of those muscles which are attached to the tubercles, they present very peculiar and distinctive features which will demand for them a separate classification.

Causes, Pathology and Results.—Fractures through the tubercles, like fractures through the anatomical neck, are the results generally of direct blows received upon the shoulder. They are not usually accompanied with much lateral displacement at the point of fracture; a circumstance which finds a partial explanation in the fact that the line of fracture is through the insertions of the muscles converging upon the tubercles and not entirely above or below them, so that they continue to act nearly equally upon both fragments; but it is also sometimes due in a measure to impaction: the head being forced downward toward the axilla, and upon the shaft until it is made to ride upon its inner or axillary wall like a

* A. Cooper on Dislocations, &c., p. 372.

cap: the compact bony tissue of the shaft penetrating the reticular structure of the head. These fractures generally unite by bone, but more or less impairment of the motions of the joint results from the inflammation which occurs in and about the joint, or from the irregular deposits of bone in the vicinity of the fracture.

§ 3. *Longitudinal Fractures of the Head and Neck; or Splitting off of the Greater Tubercle.*

Causes, Pathology, Symptoms and Results. — Mr. Guthrie seems to have been the first to call attention to this peculiar injury of the shoulder. In a lecture delivered in November, 1833, he described four cases which had come under his observation, and which he regarded as examples of separation of the small tuberosity, accompanied with more or less of the head, the fracture extending along a portion of the bicipital groove.*

Robert Smith, however, believes that it was the greater and not the lesser tuberosity which was thus detached in the cases mentioned by Mr. Guthrie, since the external signs were so nearly like those which were present in a woman seen by himself, and in which an autopsy enabled him to verify his diagnosis. The following is the case as related by Dr. Smith.

"In July, 1844, I was requested to examine the body of Julia Darby, æt. 80, who had died of chronic pulmonary disease. Upon entering the room, the appearances of the left shoulder-joint at once attracted my attention, and struck me as being different from those which attend the more common injuries of this articulation.

"The shoulder had lost, to a certain extent, its natural rounded form; the acromion process, although unusually prominent, did not project as much as in cases of dislocation of the head of the humerus. The breadth of the articulation was greatly increased, and upon pressing beneath the acromion, an osseous tumor could be distinctly felt, occupying the greater part of the glenoid cavity; it formed a prominence which was perceptible through the soft parts; it moved along with the shaft of the humerus, but was manifestly not the head of the bone.

"A second and larger tumor, presenting the rounded form of the head of the humerus, lay beneath the base of, and internal to, the coracoid process, and between the two the finger could be sunk into a deep sulcus, placed immediately below the coracoid process. The elbow could be brought into contact with the side, and there was no appreciable alteration in the length of the arm.

"Upon removing the soft parts, the head of the bone presented itself, lying partly beneath and partly internal to the coracoid process. The greater tuberosity, together with a very small portion of the outer part of the head of the bone, had been completely separated from the shaft of the humerus. This portion of the bone occupied the glenoid cavity, the head of the humerus having been

* Robert Smith, p. 181, from *London Med. and Phys. Journal.*

drawn inward so as to project upon the inner side of the coracoid process; it was still, however, contained within the capsular ligament.

"The fracture traversed the upper part of the bicipital groove, which, in consequence of the displacement which the head of the bone had suffered, was situated exactly below the summit of the coracoid process. A new and shallow socket had been formed upon the costal surface of the neck of the scapula, below the root of the coracoid process, and the inner edge of the glenoid cavity corresponded to the posterior part of the sulcus, which separated the head of the bone from the detached tuberosity. The latter was united to the shaft only by ligament.

"The capsule had not been injured, but was thickened and enlarged, and bone had been deposited in its tissue. The injury had evidently occurred many years before the death of the patient, but the history connected with it could not be precisely ascertained."*

Mr. Smith relates one other case, in the living subject, which he saw, in connection with Mr. Adams, at the Richmond Hospital, and he adds that "numerous" other living examples have fallen under his observation.

Sir Astley Cooper has also published the particulars of a case of fracture of the greater tubercle, which was communicated to him by Mr. Herbert Mayo.†

The following I believe also to have been an example of this rare accident.

John Hill, æt. 78, fell upon the sidewalk, striking upon his right shoulder. The physician to whom he was sent thought the humerus was dislocated, and directed him to the Buffalo Hospital of the Sisters of Charity, but he did not apply for admission until eight days after, Oct. 14, 1857, when Dr. Boardman and myself examined the limb carefully.

Although we placed him under the influence of chloroform, the diagnosis was not satisfactorily made out. We inclined, however, to the opinion that it was a fracture of the greater tubercle. The antero-posterior diameter of the upper end of the bone was greatly increased, there was occasional distinct crepitus, but the limb was not shortened.

Subsequently, the examinations were repeated many times, and the depression between the fragments becoming more palpable, the diagnosis was at length confirmed.

No treatment was adopted, except confinement in bed, and stimulating embrocations. Two months after the accident he still remained an inmate of the hospital, his shoulder being quite stiff, and the projection continuing in front.

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* Robert Smith. *Op. cit.*, p. 178.

† A. Cooper. On Dislocations and Fractures of the Joints. Edited by B. Cooper. American Edition, p. 384.

Mr. Robert Smith thinks that when the displacement is considerable, the fragments generally unite by ligament rather than by bone.

[To be continued.]

PERNICIOUS FEVER.

BY M. W. TOWNSEND, M.D., OF RIGA, MONROE CO., N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

Case I.—At 5, P.M., February 20, 1858, I saw James B., æt. 2 years, in convulsions. Ordered a warm bath, and allowed him to slowly inhale fifteen drops of chloroform. The convulsions ceased in ten minutes, after which the surface became cool and very pale; pulse small and frequent; pupils dilated and insensible. There was tonic spasm of the posterior cervical muscles, so that the head was drawn backward; thumbs forcibly turned into the palms. Once in ten or fifteen minutes, he started from a comatose condition, with a cry indicative of the greatest terror, followed by a few clonic spasms.

I learned that he was well until noon of the previous day; in the afternoon became fretful and looked pale, vomited several times, and passed a restless night. At 12, M., had a convulsion, lasting fifteen minutes, and at 5, P.M., another, during which I first saw him.

Applications of cold were made to the head, stimulating enemata administered, sinapisms over the spine, and warmth to the extremities. Gave one grain of sulphate of quinia every hour.

Feb. 21, 9, A.M.—Patient has had several convulsions in the interval of visits. Extremities cold; no pulse at the wrist; pupils dilated, and insensible to light. On the face and chest were petechiæ as large as a three-cent coin; upper portion of body bathed in a profuse sweat. Had taken eight grains of quinia. No treatment. Patient died at 11, A.M.

The body, twenty hours after death, presented no trace of the mottled appearance; rigidity was slight. No autopsy allowed.

Case II.—M. P., a female, æt. 18, complained of headache and general lassitude, Feb. 22. Took supper at 5, P.M., during which she was seized with chill. Chill was attended with delirium and vomiting. At 10, P.M., the family physician found her comatose, pupils contracted, and neck stiff. (Blister to the neck, leeches to scalp and an active cathartic.) Cathartic operated in twenty-four hours, when Dr. Craig first saw her. Pulse counted 120, quick, small and frequent; pupils dilated, and insensible to light; delirium constant, and extremities cool. (Whiskey and quinia.) Patient sank in five hours. No autopsy allowed.

Case III.—Mrs. G., aged 35, had had headache and weariness, slight chilliness and "flashes of fever" several days. Had a severe chill, February 21, accompanied with convulsions. Blocks of wood,

heated in boiling water, were placed beside her in bed; sinapisms were freely applied to spine and extremities. After the convulsions ceased there remained stiffness of the neck; pupils were dilated; skin mottled; pulse quick and frequent, hardly perceptible at the wrist; delirium constant; vomits freely; strabismus. Moderate reaction was finally established, her symptoms improved, and she was ordered a cathartic.

Feb. 22d.—Patient had a recurrence of the convulsions after twenty-four hours, attended by the same phenomena. After the convulsions ceased, she continued delirious. (Quinia, gr. iij. every second hour until next visit.)

23d.—Patient is better. After this date, she was troubled with headache, double vision, strabismus and tinnitus, which, being still periodical, were successfully treated with quinia. Convalesced in two weeks.

Case IV.—Mrs. F. P., aged 25, complained of headache and lassitude March 6th, and previously. Had a chill on the 6th, followed in one hour by delirium, which was soon succeeded by coma. Head was thrown forcibly backward. Dr. Craig saw her at 5, P.M. Reaction was aided by blocks of hot wood, sinapisms, &c. (Quinia, gr. iij. every hour for twelve hours.)

March 7th, 5, A.M.—Patient somewhat rational; when aroused, complains of intolerance of light and sound; pulse small and frequent. (Whiskey.) During convalescence had many signs of disordered innervation. Got well under the use of quinia.

The preceding are cases so selected as to give a fair representation of an affection which we have dealt with in this vicinity for two years. The four reported are among the severe cases. Besides such, we have observed attacks in which general lassitude or weariness, headache, pains in back and limbs, chilliness and flushes of heat, sickness at stomach, anorexia, &c.—all of which symptoms have been clearly periodical—are the principal complaints of our patients. Of the deaths occurring this year, we could obtain no autopsies. I therefore report such cases as were fatal last year, and in which *post-mortem* examinations were allowed.

Case I.—N. B., æt. 5, died in February, 1857, after an illness of a few hours. As death occurred before his physician arrived, I can only report that the parents noticed that the child became fretful and extremely pale, vomited, was convulsed, and died in convulsions. Parents stated that the child played in the street eight hours before death; did not know that he had been out of health.

Autopsy.—As the patient was supposed to have been convulsed from eccentric irritation, the stomach and intestines were first examined; we found them healthy, with no appearance of irritating ingesta or parasites. Thoracic viscera healthy. Integuments of head bled freely; sinuses were extremely full; pia mater congested, congestion principally venous; slight effusion beneath arach-

noid; puncta of cerebral substance rather more numerous than usual.

Case II.—A child, æt. 4, had been restless the previous night. Found him, Feb. 23, pale; pulse was small and frequent; head forcibly extended; surface mottled; delirious. Could not learn whether he had had a well-marked chill. During visit, vomited and had convulsions. (Hot bath, stimulants, sinapisms over spine, and on extremities.) No reaction. Child died thirty-six hours after attack.

Autopsy.—Rigidity slight. Brain only was examined, where the same congestion was noticed as was observed in the preceding case.

Case III.—About March 1st, I attended a *post-mortem* examination in the case of Miss T., æt. 16, who sat down in the evening to write a letter. She was somewhat unwell, and had been for a day or two troubled with headache, was seized with chill, had projectile vomiting, and soon after delirium. No reaction ensued, and patient died in the morning at 5.

Autopsy.—Surface of an almost universal lividness; face much swollen; "froth" about the mouth and nose; almost no rigidity. Integuments of head bled freely, a streamlet running from the incised portion of scalp; sinuses distended to the utmost extent; colored serum in the ventricles and beneath pia mater. On making a section of the hemispheres, the knife severing the vessels, carried enough blood with it to give the section a marked appearance. No other organs examined.

Case IV.—Miss G., æt. 15, was seized, March 12, with chill attended by severe headache, pain in neck and back. Reaction, as in other cases, was not proportionate to the chill. Reaction was accompanied by delirium, strabismus, clonic spasms, and strong extension of the head. (Quinia.) During a tedious apparent convalescence of four months she was troubled with headache, tinnitus, strabismus and double vision, sickness at stomach, anorexia, &c. After a long time she was able to ride out, made visits, and gained flesh. Yet she still carried a pale, sallow complexion, such as people often have after suffering a long malarial fever. She continued to improve up to the sixth month, when she began to complain of increased headache and sickness at the stomach, the headache being paroxysmal, once in a half hour, sometimes entirely ceasing. Respirations were irregular, and inspiration consisted of a double effort. In this way she lived two days, and was perfectly rational up to one or two minutes before death.

Autopsy.—Stomach showed softening of the mucous body along greater curvature, which was supposed might be *post-mortem;* a beautiful arborescent appearance near pylorus. Gall-bladder distended with bile; liver healthy; spleen not increased in size; other viscera, abdominal and thoracic, healthy. Meninges and cerebral substance showed no remains of inflammation, and yet the

ventricles were distended with serum to the amount of six ounces. Some effusion beneath arachnoid of the spinal cord. A small portion of the medulla oblongata notably softened, so much so that a portion elevated on the scalpel might be dropped in two separate pieces.

Case V.—Miss R., æt. 8, among the first cases, died eight months after attack. Had been entirely rational, and apparently well, except about once a week or two, when she had spells of clonic spasms. Confined to the bed two days before death, complaining of headache and difficulty of breathing; pupils both dilated. Respirations ceased several minutes before pulsations of the heart.

Autopsy.—Head and spine only examined. No appearance of inflammation. Eight ounces of serum obtained, mostly from the ventricles.

The preceding are a few of the many cases of the epidemic which commenced in Monroe County early in 1857. It has also spread itself quite generally through the State. Most attacks have originated where intermitting and remitting fevers prevail, rarely showing themselves on the higher soils, frequently along the courses of sluggish streams. The intensity of the affection has been various—from a periodical headache to a frightful form of disease in which no amendment takes place, the patient dying in a few hours, or, perhaps, in one or two days.

The cause is undoubtedly the same as that of the more ordinary miasmatic fevers, for the following considerations. The milder and moderately severe forms have been distinctly periodical, as have also the grave continued forms after amendment. Quinia interrupts the disease. *Post-mortem* appearances are those of congestive fevers existing at the South and Southwest. Its habitats are the same.

The disease has been called "brain fever," "cerebro-spinal meningitis," &c. But its periodicity, its sudden invasion, and the fact that quinia is the difference between life and death, will not warrant us in supposing inflammation to be its essential character. Can meningitis be cured with quinia? Again, the unmistakable signs of inflammation are seldom found. The deaths could not have resulted so suddenly in these cases from inflammation. The congestion was insufficient to cause death, with one exception. Depraved innervation resulting from a circulating poison, it seems to me, will only account for the sudden death observed in so many cases. Faulty innervation has been manifested by an extremely variable pulse, the change being sometimes fifty beats to the minute in the course of an hour, without any sign of fever; also by the excessive vomiting, profuse sweating in the latter stages, petechiæ and paleness, showing the loss of innervation in the capillaries, irregular respiration and subsultus.

In this section, children and adults have been equally subject. The number of cases in all, in this town, treated mostly by Dr.

Craig, is about 200. In other places, we hear of its attacking principally adults.

Thacher, in his "Modern Practice," has given histories of epidemics which have been thought similar to the one under consideration.

In treatment quinia occupies almost the entire ground. In moderate cases, we have waited for the interval, in grave cases waiting for nothing, but giving it with a liberal hand, notwithstanding convulsions, delirium or coma. Patients have convalesced under the use of six grains every hour for eight or ten hours. Bleeding has been proposed, but was tried in only one instance, so far as I know. The error was soon acknowledged, although it was in one of the most robust patients, with an evidently exceedingly hyperæmic condition of the brain. Palliative measures, of course, should be resorted to.

Bibliographical Notices.

Mind and Matter, or Physiological Inquiries. In a series of Essays intended to illustrate the Mutual Relations of the Physical Organization and the Mental Faculties. By Sir Benjamin Brodie, Bart., D.C.L., &c. With additional Notes by an American Editor. New York: Samuel S. & William Wood. 1858. 12mo. Pp. 279.

This little work consists of a recapitulation of the principal facts and theories on the subject of the connection between mind and matter. It is written in a familiar style, so as to be easily comprehended by those who are not acquainted with that abstruse subject, and hence it is a popular rather than a scientific work, though the pleasing manner in which it is written will render it acceptable to the profound student in psychology, who may devote a few hours to its perusal both with pleasure and profit. The form of dialogue has been selected by the author, as the best adapted for inquiries of this nature, and it certainly adds variety and interest to so abstract a subject. We recommend the book to all, lay as well as professional, as a most agreeable and instructive work.

For some reason, not explained, the American editor has chosen to alter the title of the work in this edition, and he has by no means improved it. The original title is "Psychological Inquiries, in a Series of Essays, &c." Why "physiological" should be substituted for "psychological" (unless by an error of the press), it is not easy to see, any more than the necessity of the interpolation of the words "Mind and Matter," which are sufficiently indicated by the context. We conceive that the title of a work is as much the property of the author as any part of the text, and protest against an alteration in it without his sanction.

Of Nature and Art in the Cure of Disease. By Sir John Forbes, M.D., D.C.L., F.R.S., &c. From the Second London Edition. New York: Samuel S. & William Wood. 1858. 12mo. Pp. 261.

The views advanced in this book have long been familiar to the profession in this part of our country. Ever since the discourse on Self-

Limited Diseases, by Dr. Bigelow, a more enlightened estimate of the comparative agency of nature and art in the recovery from disease has prevailed among us. We apprehend, however, that Dr. Forbes's book has fallen like a bomb-shell into the midst of some communities, even in the author's own country. Like most of the productions of great minds, it is in advance of the age, and the author is doubtless regarded by many of his readers as an entire skeptic in the efficacy of any treatment in disease. We doubt not the book will tend to unsettle the minds of many of the laity, and favor, temporarily, the cause of empiricism; at any rate, it will probably be quoted by quacks as a proof that the treatment of disease by the regular faculty is all humbug. Time and the progress of rational medicine will set all this right, and will show that while we must always be more or less dependent upon drugs in the treatment of disease, especially in chronic cases, yet these agents are to be used *as* agents, and not as principles, in accomplishing the cure; that they are to be wholly omitted when Nature is competent to do all her work unaided, as is frequently the case in acute affections, and not seldom in those of longer duration; to be often employed for the sake of relieving pain, procuring sleep, or improving the general condition of the patient, when they may do nothing for his safety, or toward abridging his sickness, and never to be given without due regard to the general hygienic condition, which is commonly of equal or greater importance.

We are glad that Sir John Forbes's book has had an extensive sale in England, and we trust that the American reprint will be no less widely circulated. We believe it will exert a most favorable influence on the progress of the science of medicine, will tend to raise the profession in the estimation of the public, and, as a natural consequence, check the spread of quackery throughout our land.

Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D., F.R.S.E., Professor of the Institutes of Medicine, and Senior Professor of Clinical Medicine in the University of Edinburgh, &c. Second Edition, with four hundred and sixty-eight Illustrations on Wood. New York: Samuel S. & William Wood. 1858. 8vo. Pp. 951.

The second edition of Dr. Bennett's admirable work is greatly enlarged, and illustrated with excellent engravings. It is perhaps the most complete work on the subject in the English language, and we know of no one which we can more highly recommend to the student. All the latest discoveries, the most recent views on the subject of practical medicine, are embodied in it, and the statements of the author always rest on the basis of facts. The present edition is beautifully printed, and will doubtless meet with a ready sale.

Contributions to Operative Surgery and Surgical Pathology. By J. M. Carnochan, Prof. of Surgery in the New York Medical College; Surgeon-in-Chief to the State Emigrants' Hospital, &c. *With Illustrations drawn from Nature.* Number I. Philadelphia: Lindsay & Blakiston. 1858. Quarto. Pp. 32.

This beautiful work reflects much credit on the author, and the publishers. The present number contains the report of a case of amputation of the entire lower jaw, followed by remarks on that opera-

tion; and cases of Elephantiasis Arabum, successfully treated by ligature of the femoral artery. It is illustrated by two admirably executed drawings on stone, printed in colors. The cases and remarks are of great interest, and form valuable contributions to the science of surgery. It is contemplated to publish nine more numbers, in similar style, the ten forming a complete volume, the first of a series. The contents of these are no less interesting than are those of the present number. The letter press is done in the most finished style, and the whole work is a beautiful specimen of the typographical art, worthy of its contents.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 24, 1858.

THE STANDARD OF MEDICAL EDUCATION.

We have already recorded the intimation given by Dr. James Jackson, at the annual dinner of our State Society, that the period of medical study ought to be prolonged. The immeasurable advantages of such an arrangement, both to the profession and the community, must be apparent on the least reflection. Under the present system, it is not possible for students to acquire such a knowledge as shall fully fit them for the countless emergencies of practice. Two years added to the time now given, would, however, enable them to attain a familiarity with many topics, and a degree of facility in practical medicine, of which they usually get but a mere smattering.

There is not, moreover, such a crying demand for physicians that they need be made as if by machinery—the greatest possible number in the shortest possible time. The people, in nearly every part of the country, are reasonably well supplied with medical advisers. Possibly, more *good* ones are needed at the West. Generally speaking, however, our population can afford to wait for reliable and well-instructed physicians, and such alone should hereafter be furnished to them.

It is a startling fact, with which we have been made often and painfully familiar within a few years, that there is a large number of practitioners whose common-school education has been so wofully neglected that they do not know how to spell correctly, and hardly can compose a readable sentence! Whilst this is true of their acquaintance with their own language, it is not to be expected, and it is not found, that they know anything of such terms and phraseology as it is supposed will be familiar to those who would acquire a competent knowledge of Materia Medica and the power of writing a prescription that an apothecary can decipher. If it be said that such aspirants for the degree of M.D. can write their prescriptions in English, we admit they can, perhaps, after a fashion—but is not a sufficient acquaintance with Latin at least a *desideratum?* Nay, is it not a necessity?

Putting aside the Latin, however, we submit that it is an abomination to grant the medical degree to men who cannot spell their mother tongue even decently well; and it is a disgrace to such men, receiving as they do the confidence of the community wherein they dwell,

not to fit themselves better for their duties. Not only are many regularly graduated physicians, to our knowledge, incapable of speaking and writing their own tongue correctly, but as many, perhaps more, take no pains whatever to keep themselves informed about their profession.

We are aware that there are those who will think our strictures of little consequence—perhaps will laugh at them—and will say that these men who are so culpably ignorant or negligent, in our land of free schools and unbounded facilities for mental culture, make very good doctors after all! Do they, indeed? What a misnomer the term "*doctor*" has gotten to be! and worse than all, when *medicinæ* comes into juxta-position with it.

We fearlessly assert that no man can be so good a physician if he enters his profession with only a quarter part, or less, of his common education acquired, as he might have been had he been well appointed in all that advances the knowledge of so difficult an art. It is true, indeed, that success subsequently depends upon the industry, conscientiousness and application of each man—without taking into account those instances of rare talents or fortuitous circumstances favoring the progress of certain individuals; yet there is every advantage in a thorough common-school education and in an extended and faithfully-followed course of preparatory medical studies. Our profession will never command that respect which it might if its standard were raised in these respects, and maintained in an elevated position. Why should we, out of all the civilized nations of the earth, devote the smallest portion of time to fitting men for so responsible a charge as that of the physician and surgeon? The time consecrated in other countries to these studies, and the aid afforded by government to all genuine medical institutions, as well as to indigent young men who wish to fit themselves for the medical profession, is worthy of imitation as well as admiration in our own land. There may have been a time—doubtless there has been—when it was necessary that many physicians should be furnished at short notice—ground out roughly, and turned in to their work too often with their professional eyes only half open—perhaps not so far as that. But this time has gone by. We now need, particularly, educated, accomplished men to practise medicine, and the same sort of men, always, to teach it—also an extended term of study, to meet the increased amount to be learned, observed, and—so to speak—*handled* by medical students. The benefit of such regulations would be universally felt; quackery would hang its head, and uneducated incompetence shrink from attempting the duties of such a deep, wide, high and noble calling as that of medicine and surgery.

EFFECTS OF THE IMAGINATION ON THE ACTION OF MEDICINES.

The effect of the imagination upon the various functions of the body is one among many causes which render it difficult to judge of the agency of remedies in modifying or curing disease. How often has it happened that a well-marked result has followed the taking of an inert substance, when the patient was made to believe that such an effect *would* follow. Hence the effects said to be produced by medicines administered in infinitesimal doses, and even by *smelling* of the remedy, which Hahnemann believed, or pretended, to be a potent method of introducing medicinal agents into the system. A curious instance illustrating this effect came under our notice recently. A little girl, about

three years old, of an imaginative turn of mind, who had always enjoyed good health, became suddenly constipated, after some change of diet, while making a visit from home. Every effort was made, by employing such articles of food as were likely to remove the difficulty, but in vain. In spite of cracked wheat, fruits, molasses, and many other things, it was with difficulty that the child had a movement of the bowels once in four or five days, and then only with the aid of enemata. Recourse being had to medical advice, the mother was recommended to give the patient a dose of the fluid extract of senna every morning, since there seemed to be a disinclination on the part of the child to make any effort, and it was hoped that if the habit of evacuating the bowels at a particular time could be acquired, they might continue to act spontaneously. The medicine was bought, on the first day of this month, and placed on the mantel shelf, ready for use the next morning, and though no pains had been taken to impress the fact on the mind of the little girl, she knew that she was to take it. The next morning there was a spontaneous movement of the bowels, before the medicine was taken. This was regarded as accidental, but of course the senna was omitted, to be given the following day, when the same thing occurred again, and the child has since continued to be perfectly regular, without having taken a drop of medicine. Now we take it, a phial full of water, or of any homœopathic medicine, would have done just as good service as the senna. Suppose it was a teaspoonful of an infinitesimal which it had been proposed to give the child, it is likely the family would be strongly inclined to put faith in homœopathy, nor would it be difficult to persuade some people that homœopathic medicine acted just as powerfully if the patient only looked at it instead of swallowing it ; which may be true, for aught we know.

"CROUP AND FALSE CROUP."

The following remarks upon the different varieties of croup, are translated from the *Gazette Médicale de Paris* for May 8th, 1858.

"Four sorts, only, of well characterized affections of the class of acute diseases of the larynx, have been hitherto admitted, viz., spasmodic and stridulous laryngitis ; pseudo-membranous or true croup ; simple acute laryngitis, and spasm of the glottis. M. Chatelain, a physician of the town of Nancy, describes, as frequent and endemic in the east of France, a malady which presents all the real symptoms of croup, except the false membrane, the termination of which is also nearly always fatal, and which can neither be called pseudo-membranous laryngitis, spasmodic laryngitis, œdema of the glottis, simple acute laryngitis, the ulcerative erythema of Rilliet and Barthez, nor yet thymic asthma. This affection is cited by authors, but as an exceptional disease and one very difficult to diagnosticate. Dr. Chatelain, however, declares that it is frequent in his part of the country, and gives a methodic and careful description of it.

"The most remarkable fact about the disease is, that after coming usually to a rapidly fatal termination, there are no pathological appearances whatever. The following is the account of the symptoms as given by M. Chatelain ; by comparing it with the symptomatology of the other affections of the same organ, practitioners may easily recognize this disease, so rare according to authors, but so frequent on the testimony of M. Chatelain.

"The symptomatology is that of false croup.

"The voice is wholly lost, and at the commencement constantly broken; the symptoms are not alarming; the child is lively; there is only difficult respiration, with *bruit de scie;* the intensity of the paroxysms increases.

"The affection is endemic; quite common in the spring; there is no false membrane, nor any glandular swelling; the larynx is healthy.

"The paroxysms are constant; there is very little or no redness of the pharynx; necroscopy shows no lesions whatever."

A VERDICT of $100.75 has been rendered, in the Superior Court of this city, against Mr. Emery Souther, apothecary, for the alleged delivery to a customer, Mrs. Bean, of a quantity of belladonna, instead of *balmony*, or snakeshead, an herb employed by botanic practitioners. The medicine was put up by a boy, who was quite sure he had given balmony, and who, moreover, produced in Court the package from which he had taken it. The evidence for the plaintiff was that Mrs. Bean became very sick in the night, after partaking of a tea made from the herb, and that her symptoms were those of poisoning from belladonna. We do not learn that the leaves employed by Mrs. Bean were examined by experts, and pronounced to be those of belladonna, which would be the only sure test. We were not present during the trial, but from the report of the case we have great doubts as to the justness of the verdict. The amount of damages claimed was $4000.

Boston Dispensary.—At a special meeting of the Board of Managers of the Boston Dispensary, held June 21st, the following officers were elected for the ensuing year:

Consulting Surgeons.—Drs. Solomon D. Townsend and Henry W. Williams.

Consulting Physicians.—Drs. Jacob Bigelow and Phineas M. Crane.

Surgeons.—Drs. Geo. H. Lyman, W. W. Morland, R. M. Hodges, D. D. Slade.

Physicians.—Drs. E. W. Blake, Chas. T. Homans, J. N. Borland, Francis Minot, Algernon Coolidge, F. E. Oliver, Buckminster Brown, Calvin Page.

Superintendent.—Dr. John B. Alley.

District Physicians.—District 1, Dr. Stephen Mighill. Dist. 2, J. W. Hinckley. Dist. 3, J. A. Lamson. Dist. 4, Henry K. Oliver. Dist. 5, Robert Ware. Dist. 6, Sam'l A. Green. Dist. 7, L. M. Sargent. Dist. 8, Hugh Ferguson.

Apothecary.—Henry M. Billings.

MARRIED,—At Tisbury, Martha's Vineyard, Moses Brown, M.D., of Newburyport, to Miss Miriam H., daughter of Hon. Charles Smith.

DIED,—In this city, 19th inst., Dr. Henry Gardner, 79.—At Westfield, Erasmus D. Worth, M.D., late teacher of elocution in Yale College, 51.

Deaths in Boston for the week ending Saturday noon, June 19th, 65. Males, 28—Females, 37.—Accident, 2—inflammation of the bowels, 1—congestion of the brain, 2—cancer, 3—consumption, 11—convulsions, 1—croup, 1—dysentery, 2—diarrhœa, 1—dropsy, 1—dropsy in the head, 2—drowned, 2—debility, 2—infantile diseases, 8—scarlet fever, 2—typhoid fever, 2—gravel, 1—disease of the heart, 2—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 2—measles, 1—old age, 1—palsy, 2—pleurisy, 2—rheumatism, 1—scrofula, 1—teething, 1—unknown, 2—whooping cough, 3.

Under 5 years, 29—between 5 and 20 years, 4—between 20 and 40 years, 9—between 40 and 60 years, 12—above 60 years, 11. Born in the United States, 51—Ireland, 12—other places, 2.

Worcester North District Medical Society.—At a meeting of physicians held in Fitchburg, on the fifth day of June, A. D. 1858, in accordance with a warrant issued by the Massachusetts Medical Society, for the purpose of organizing the "Worcester North District Medical Society," the following officers were chosen: President—Dr. Wm. Parkhurst, Petersham. Vice President—Dr. Jonas A. Marshall, Fitchburg. Treasurer—Dr. Thos. R. Boutelle, Fitchburg. Secretary—Dr. James C. P. Cummings, Fitchburg. Librarian—Dr. James R. Wellman, Fitchburg. Censors—Drs. A. Hitchcock, Fitchburg; J. P. Willis, Royalston; C. Warner, Westminster; A. Miller, Ashburnham; J. A. White, Baldwinville. Commissioner on Trials—Dr. Alvah Godding, Winchendon.

Voted, That the meetings of this Society shall be held on the second Saturday of each quarter.

Voted, To adjourn.

A true copy from the records—Attest: JAMES P. C. CUMMINGS, *Secretary.*

Rhode Island Medical Society.—This Society held its 47th annual convention at the Redwood Library, Newport, on Wednesday, June 16th, Dr. Eldridge, Vice President, in the chair. The following officers were elected for the ensuing year. President—James H. Eldridge, M.D, East Greenwich. 1st Vice President—Charles W. Parsons, M.D., Providence. 2d Vice President—Henry E. Turner, M.D., Newport. Treasurer—George L. Collins, M.D., Providence. Recording Secretary—J. Henry Rathbone, M.D., Providence. Corresponding Secretary—Geo. P. Baker, M.D., Providence.

Albert C. Dedrich, M.D., Warwick; S. Randolph Merrill, M.D., Valley Falls; Thos. A. Hazard, M.D., Kingston, were elected members of the Society.

The following gentlemen were elected honorary members: Alfred Stille, M.D., Philadelphia; Isaac Hayes, M.D., Philadelphia; Solomon D. Townsend, M.D., Boston; James McKean, M.D., Topsham, Me.; Hugh H. McGuire, M.D., Winchester, Va.

The Trustees of the Fiske Fund submitted their report. No prize has been awarded for the year past, but for 1859 a prize of $200 is offered. Subject—the effects of the use of alcoholic liquors in tubercular disease, or in constitutions predisposed to such disease. To be shown by facts, presented, as far as possible, in a statistical form.

Amongst the various reports of committees submitted to the Convention, was one in relation to the formation of a State Medical Library.

Dr. Walter Channing, of Boston, was appointed Orator for the next annual meeting.

After various other business, the Convention adjourned to the Atlantic House, where an elegant dinner was provided. J. H. RATHBONE, *Rec. Sec'y.*

Subnitrate of Bismuth as a Test of Sugar in the Urine.—It is known that the subnitrate of bismuth is reduced, under the influence of alkaline secretions containing grape sugar, while it undergoes no change in the same solution containing cane sugar. In accordance with this fact, having ascertained that uric acid and the ordinary salts of the urine do not decompose the subnitrate of bismuth, M. Boettger has lately suggested an easy and rapid way of demonstrating the presence of sugar in urine. To the suspected urine he adds an equal volume of a solution of carbonate of soda, and afterward from fifteen to thirty grains of subnitrate of bismuth. He then boils the mixture, and almost immediately, if the urine contain diabetic sugar, the subnitrate turns black. This reaction is most clearly marked, and is very characteristic. If the salt preserves its white color, the urine contains no trace of diabetic sugar.—*Moniteur des Hopitaux* and *Journal de Chimie Medicale.*

Death of Dr. Croswell.—Dr. Andrew Croswell, who died at his residence in Mercer, Me., on the 4th inst., aged 80 years, was a native of Plymouth, Mass. He graduated at Harvard College in 1798, and studied Medicine with Dr. Zaccheus Bartlett, of Plymouth. He settled as physician in the town of Fayette, Me., and subsequently removed to Mercer, which was afterward his permanent residence. He acquired an extensive practice, and by his skill and success gained the entire confidence, not only of the people of the town in which he resided, but of all the neighboring towns.

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A CASE OF INJURY TO THE SPINE, FOLLOWED BY GANGRENE. WITH REMARKS.

BY S. R. MILLINGTON, M.D., OF NORWAY, HERKIMER CO., N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called, June 30th, 1856, to see Mr. M. N., one of our most wealthy and worthy farmers, aged 45; married; of large and well-developed frame. Mr. N., a short time prior to my visit, had fallen from a tree a distance of about thirty-five feet, striking, as was thought by his son, upon his back. I found the patient suffering from the shock consequent upon the injury, with a pale and sunken aspect, feeble pulse, cold extremities, &c. Upon examination, I found much tumefaction and pain on pressure over the region of the twelfth dorsal vertebra, complete paralysis of *motion and sensation* of the bladder and all parts below the seat of the injury in the spine; partial dislocation of the left ankle, attended by much swelling; fracture through the superciliary ridge of the orbit; much injury of the right side of the face and head, as shown by an extensive ecchymosis, and discharge of blood from the ear and nose. Fomentations were used over the spine, and stimulating frictions to the extremities. When reaction was established, some four or five hours after the injury, the patient was bled eight ounces. Then an effort was made to place him upon a bed, which had been prepared, in which we succeeded, after causing much pain and distress, as every and the *least* movement of the body brought on severe paroxysms of pain, which seemed to threaten immediate death.

After reducing the dislocation of the ankle, I left my patient, to return in the evening. At 12 o'clock, night, I used the catheter, and drew off one quart of blood and urine. Scarified and cupped over the spinal region with great relief, though the application of the cups was very painful.

July 1st.—Patient had a very hard night from restlessness and pain in the spine, and which was aggravated by the least motion. A cathartic, which was taken last night, has operated, but without

the patient's knowledge. Pulse 90; skin hot and dry; drew off nearly one quart of bloody urine. Apply cups and scarify. Is to take an anodyne to ensure rest.

2d.—Had a restless night; urine is dribbling from the urethra, but bladder is distended; can move his legs a little, but has no sensation. My friend Luther Guiteau, M.D., being in consultation, examined the spine and foot carefully, and thought, from all the symptoms, there must be a fracture, or dislocation, or both, of the spine; but from the amount of muscles, together with the swelling of the parts, it is very difficult to decide upon the exact nature of the injury. The foot and ankle are much swollen, and below the natural temperature; and as we feared a *want* of action more than *too much* action, I ordered stimulating fomentations, with friction, and applied cups to the spine.

4th.—Had much trouble in evacuating the bladder from blood filling up the catheter, which was overcome by injecting warm water through the catheter. In other respects much as at last date.

6th.—Left foot much swollen and œdematous; the toes on the same foot assumed a peculiar dark or brown appearance, and were cold and shrunken, looking very much like gangrene from venous congestion, and a want of proper supply to the affected parts. Urine is turbid—is alkaline, and emits a fœtid, ammoniacal odor, and at times quite a quantity of dark blood is voided by the catheter. Some soreness and swelling in right iliac region, hip and bladder. Treatment—cup and scarify spine; friction, with stimulating liniments, to lower extremities, and eight grains Dover's powder at 9, P.M.

9th.—Patient no better. Urine very offensive—ammoniacal odor—turns catheter black. Much trouble in introducing it, from inflammatory enlargement of the prostate, as shown by an examination through the rectum; gangrenous appearance of the toes increasing; pulse 95 to 100; tongue furred. Treatment continued.

12th.—Patient in all respects about the same as at last date.

16th.—Pulse 100; urine muco-purulent. To apply blister to the spine, and let him take an infusion of uva ursi and soda. Gangrenous appearance of toes improving.

19th.—Pulse 85 to 90; less mucus in urine; foot much swollen, and more heat than usual. As the weather is very warm, and the secretions are bad, he is to take small doses of hydrargyrum cum cretâ and opium, to be followed by castor oil.

August 1st.—Patient has seemed to improve since last date, and has more appetite; can move in bed without much pain, and the swelling in the spine is so far reduced that I now have an opportunity to examine the injury of the part, and find the twelfth dorsal vertebra *prominent*, with a lateral curvature of the spine.

5th.—The same as at last date, save the urine, which is again very offensive—turns litmus paper red. To take uva ursi and

soda, and anodynes as occasion may require. Notwithstanding the care taken to prevent pressure upon the prominent points of the body, bed sores are forming over the sacrum and greater trochanter, which, however, give my patient no inconvenience.

5th.—Patient taken with dysentery, discharges of blood and mucus being frequent and wholly involuntary, and without his knowledge.

25th.—Patient for the last twenty days has labored under a severe dysentery, with red and dry tongue, frequent pulse—at times 120 per minute—and is *very much* emaciated. The treatment has been anodynes, astringents and tonics, to which it seems at last to have yielded. 7 o'clock, P.M.—Sent for in haste; has been taken with violent chills; I feared the formation of an abscess in the region of the bladder, but on a close examination of the bed sore on the sacrum, which is much swollen from pressure, thought the chill might be caused by irritation. At 11 o'clock, P.M., he is perspiring freely; pulse 115; extremities cold. Treatment—sulph. quiniæ, two grains; sulph. morphiæ, one fifth of a grain, once in four hours, with brandy and water.

26th.—Notice an *oval* vesication on the ball of the great toe of the right foot. To continue treatment.

27th.—The vesication noticed yesterday broke, discharging bloody serum. I noticed other *oval* vesications on the toes of both feet; also, on the bottom of the left heel, an appearance as though quite an amount of serum had collected under the thickened skin, which emits a peculiar cracking or *crepitant* sensation on pressure. Punctured the vesications, and directed the treatment to be continued at shorter intervals, as my patient seems to be sinking under his multiplied afflictions. Is to take freely of beef-tea and other nourishing food.

28th.—I cut off the thickened skin on the bottom of the heel, and find two oval, well-defined gangrenous ulcers, one two inches in diameter, the other one and a half. Treatment continued, and the nitric acid lotion applied to the ulcers.

29th.—Noticed a drying up and dark appearance of the end of the great toe of the right foot. Sloughs separating on heel, and the line of demarcation forming between the living and dead parts. I also noticed an appearance on the left heel very similar to that on the right foot. Much gangrenous inflammation extending up the great toe on right foot. Continue treatment, with tinct. iodine to gangrenous inflammation and yeast poultices to separating sloughs.

30th.—My friend and preceptor, Walter Booth, M.D., in consultation. The sores on sacrum and trochanters are putting on a gangrenous appearance, it being next to impossible to protect those parts from pressure; the sloughs are separating, and granulations commencing in the ulcers on heel. Dr. Booth recommend-

ed a lotion made of corrosive sublimate sixteen grains, water one pint, to the ulcers, and the addition of the carbonate of ammonia to the quinine, morphine and brandy.

Sept. 2d.—End of great toe sloughed off, leaving metatarsal bone protruding. Ulcers all doing well. To continue treatment.

20th.—Gangrenous ulcers nearly healed. Is to use Morehead's graduated magnetic machine, and commence with one sixteenth of a grain of strychnine three times a day.

Oct. 1st.—Patient doing well; sensation increasing in lower extremities. Is to continue the use of the machine and increase the strychnine. Can now ride in an easy carriage.

Some time in January, Mr. N. visited Albany to consult Dr. March, who recommended blisters to the spine, camphor moxa over the region of the sciatic nerve, and the tincture of nux vomica internally.

Remarks.—Date of injury, June 30th. Noticed very slight motion July 2d. August 1st, could rotate his limbs, and *push* them down in bed, but could not move the feet or toes. August 14th, could turn over in bed, dragging after him the extremities. *Motion* was restored sooner than sensation, so that the nerves would not respond to the action of the magnetic machine on its first application, excepting over a small extent of surface. Inflammatory symptoms over the seat of the injury in the spine disappeared in two or three weeks. Retention of urine, so that the catheter had to be used three or four times a day, to August 25th, when for the first time he voided urine in the natural way, in connection with an evacuation of the bowels. Since that time to the present, June, 1858, he is obliged to use the catheter occasionally. The palsied condition of the sphincter ani continued until about the 10th of September. He has now regained perfect use of that very necessary muscle. At this date, June, 1858, Mr. N. is enjoying good general health, yet he has but little sensation in the lower extremities; still he attends to his business, by the aid of crutches.

Was this a case of fracture, or dislocation, or both? The possibility of a dislocation of one vertebra from another, without fracture, was long disputed by surgeons. Abernethy, in his usual positive manner, denies it. Sir Astley Cooper never witnessed it. It is now, however, settled beyond a doubt, by the examples of Desault, Rush and others, that such accidents may occur in the cervical region; but in the dorsal and lumbar regions, where a different anatomical character of the oblique processes obtains, the displacement of the bodies of the vertebræ without fracture, seems physically impossible, and yet Mr. Brodie declares that even this form of injury is possible. And if it was a case of fracture or dislocation (as the paralysis and deformity would seem to indicate), should any attempt have been made at reduction? The practice of the ancients was to make extension and counter-exten-

sion, with local manipulation, to adjust the displaced bones. Hippocrates recommended it, and gives a full description of the apparatus used by him. Even in the days of Ambrose Paré, reduction by extension was considered indispensable to the happiness and safety of the patient; and you will see figured in his work, the surgeon and his assistant in the act of restoring an outward dislocation of the spine by extension and counter-extension; and it would really seem to be good practice to make the attempt at reduction in these cases, if we may credit the statements made of cases in which such extension has been made with complete success—motion and sensation being the immediate effect of the reduction, for we well know the inevitable fate of the patient if not relieved. The slight change of parts often required to relieve the spinal cord of the pressure upon it, with the success that has attended efforts at reduction, would seem to prove that careful extension and manipulations afford the sufferer the fairest chance to recover.

I find a case very similar to this recorded in the *New York Journal of Medicine and Collateral Sciences*, Vol. III., page 267, occurring in the New York City Hospital. A short time previous to admission, the patient had fallen through the hatchway of the ship Columbus into the hold, a distance of about thirty feet. The symptoms being so similar to those noticed in the case of Mr. N., it is unnecessary to record them here. This man, however, had chills about the third day. On the twenty-eighth day after the injury, is the following record. "There is now well-marked opisthotonos, the head being forcibly extended, and patient unable to flex it upon the trunk. There are now also observed slight clonic spasms of the muscles of the paralyzed extremities, most marked in the extensor muscles of the toes and the flexors of the legs. There is also frothing at the mouth. Tetanic countenance well marked. Can scarcely swallow a teaspoonful of liquid. August 18th, next day, patient very low; pulse frequent and small; surface bathed with a cold sweat; lips livid; spasms very violent; jaws firmly locked. 10 o'clock, A.M., died." Autopsy, five hours after death, found a comminuted fracture of the body of the twelfth dorsal vertebra, with some displacement of the fragment backward upon the spinal cord. The bladder was found to be thickened, somewhat distended, and its mucous coat highly inflamed and coated with a thin layer of pus. There was an abscess within the coats of the bladder, which, when cut into, discharged about an ounce of purulent matter. The ureters and kidneys were also in a state of inflammation. In the same Journal, Vol. VII., page 197, I find a very interesting case of injury to the spine from the falling of a tree, which crushed the man to the ground; falling across the back and folding the lower extremities under him. Spine found dislocated—curved anteriorly and to the left, at the union of the

dorsal with the lumbar vertebræ. This patient was able to sit up in one year. In four months from injury, spasms of lower limbs became violent. Three and one half years from injury, the muscles were susceptible of being thrown into the most violent agitation, on exposure to cold air, or a sudden touch—the spasms appearing as aimless as the death-struggles of a decapitated chicken, and quite as frightful; yet the poor patient had not the slightest consciousness of the fact from sensation, but only from observation by sight. This patient discharged pus from the urinary bladder for eighteen months; regained control over bowels in about one year from injury.

Another case is recorded in the same Journal, on page 198, of injury of the spine by falling from a barn on the frozen ground, in October, 1842. This case is interesting, so far as it may go to establish the nervous pathology of fever. In December, after the injury, the patient was taken with malarious fever, when it was observed that the *upper* parts of the body went through the cold, the hot, and the sweating stages in regular order, whilst all the parts of the system *below* the injury were entirely undisturbed, and unconscious of the tumult going on above. This patient died five months after the injury.

The *post-mortem* examination revealed a transverse fracture of the body of the tenth dorsal vertebra, without involving the lamellar processes; dislocation of the articulating process of the ninth and tenth, with fracture and reunion of one of the processes of the tenth; reunion of the fractured portion of the body, with permanent dislocation; almost total occlusion of the spinal canal; ramollissement of the cord below the injury, and a highly reddened and injected condition above.

DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER IN GREAT BRITAIN, DRAWN FROM ORIGINAL OBSERVATIONS.

[Continued from page 378.]

The following exhibits a case of the fever resulting in death, to which is appended a minute account of the appearances disclosed on *post-mortem* examination.

Case VII.—Of a man, aged 38, without known cause, living under unfavorable hygienic circumstances—sudden accession of headache—pain in back, limbs and joints—rigors—vomiting—suffused and injected eyes—flushed face—mulberry rash on the fifth day—heavily loaded tongue, at first moist, then dry, finally black—slight cough—sudden prostration of strength—somnolence—great nervous agitation—subsultus—delirium—death on the fourteenth day. *Post mortem*, general sizy fluid and dissolved state of the

blood—slightly increased vascularity of the brain and its membranes—engorgement of posterior and depending portions of the lungs—punctiform injection along the great curvature of the stomach—discoloration and slight congestion of mucous membrane of small intestine, at lower portions—a few points of injection in the lining membrane of the urinary bladder—other organs normal.

James Hensaman, a laborer, aged 38, was admitted into the London Fever Hospital on the 28th May, 1853, in charge of Dr. Southwood Smith. Hensaman is an Irishman—is a resident of "Swan Yard," in Islington, a place inhabited mostly by an Irish population of the lowest grade. It is a locality fruitful in the fever, and has furnished a large number of patients to this hospital.

The first notes of this case have been copied from the hospital daily records, and are as follows: Patient was ailing a little on Wednesday, 25th May, when he experienced the preliminary symptoms of fever, but not in marked degree. On Friday following (27th), the symptoms became aggravated, and the onset of the disease fairly fixed. He had headache, pain in back, limbs and joints, alternations of heat and cold, with "tremblings"; does not remember that he had marked chills. The attack can be traced to no definite cause. Saturday, on admission, there was vomiting and increase of the preceding symptoms.

Sunday, 29th.—Complains of pain in all his limbs and joints. Slept ill, mind and special senses normal; eyes suffused and injected; face flushed, of dusky hue; tongue moist and furred; slight amount of cough; four stools; typhus rash appearing; pulse 108; powers good. Some appetite; slight thirst. Mist. carb. am. Beer, Oi.

30th.—Patient is said to have slept well; expresses himself as feeling better, powers improved: tongue moist; some cough; two stools. He has some appetite, considerable thirst. Pulse 116. To continue the treatment. On the 31st, his pulse was 98. He had slept well; no headache; tongue moist and furred; skin moist; two stools. Muscular powers are unsteady. The record on the 2d June is as follows: Pulse 120; he is represented to have had delirium during the night, became violent and frequently left his bed, raved and talked incoherently. This morning is quiet; tongue more furred; rash copious; two stools, in bed. To have gin, ʒ iij.; in other respects treatment as before.

The following day (June 3d), the patient came under my notice. My memoranda are as follows:

June 3d.—Is reported to have slept ill; moaned and talked incoherently during the night; decumbency dorsal; much prostration, unable to turn in bed; surface moist; urine and stools in bed; spots fading; great muscular agitation. His head to be

shaved, and a blister applied to back of the neck. Vin. alb. ʒ iv.; in other respects treatment as yesterday.

June 5th.—He has slept better, but moaned and talked at night; powers diminished; much tremor of the hands; tongue dry and black; three stools. Wine to be increased to ʒ viij.

6th.—Is said to have slept none, but to have rambled and raved throughout the night; there is now constant rolling of the head from side to side, twitching of the muscles, and a busy working of the hands, like a patient in delirium tremens. Decumbency dorsal; two stools; tympanites; sloughing of the sacrum; unconscious dribbling of the urine; bladder not distended. From this time the patient sank rapidly, and died at 8, A.M., on the 7th.

Autopsy, June 8th, at 11, A.M., twenty-seven hours after death.

Weather fair; temperature of the room 65° Fahrenheit. Body well developed and muscular. Height 5 feet 10 inches. Length of trunk 23 inches. Circumference of head 22 inches. Occipito-frontal distance 12⅞ inches; ear to ear 12⅝ inches; acromion to acromion 15 inches; crista to crista 12¼ inches. Rigor mortis well established in inferior extremities, left elbow and wrists; less so in shoulders, right elbow and neck. Slight greenish discoloration on abdomen, bluish on inside of the thighs, extensively blue and purplish on posterior surface of body, except where pressed upon in lying. Irregular brownish spots (size of a pea) are scattered about on the sides and back; there are others, say one sixteenth of an inch in diameter, being the *typhus spots* observed during life. These are not effaced, or at all affected by pressure, but appear to be imbedded in the substance of the skin: they are, in fact, extravasations. On the left nates is a superficial slough two inches by three in diameter. Old ulcer on right leg. Numerous minute purplish spots, from size of pin's point to one twelfth of an inch in diameter, are diffused over the surface. Eyeballs somewhat collapsed; pupils contracted; chest resonant; abdomen tympanitic. Inguinal glands on right side enlarged. Abdominal parietes free from fat. Omentum extends three fourths from diaphragm to pubis. Edge of liver is just seen at epigastrium. Muscles of chest and abdomen firm and of good color. No decided emaciation. Lungs not collapsed, meeting on the median line at upper part of chest. Three inches by two of the heart is seen *in situ*.

Head.—Dura mater normal. Arachnoid of milky hue; surface moist, dotted with whitish opaque spots; veins purplish, distinct, not particularly engorged; bloody points distinct on section, exuding a black blood. Substance firm, layers of the grey and white matter indistinct on the edge. Ventricles contain a drachm of turbid serum. Central parts normal. Choroid plexus rather pale. Commissura mollis absent. Appearance of membranes at base healthy; but small amount of serum; the membranes generally

strip easy. Cerebellum normal. Weight of cerebrum 2½ pounds; cerebellum, 6¼ ounces. Specific gravity of grey matter, 32; of white, 41.*

Neck.—Contents of the neck normal.

Thorax.—*Lungs.* The left is a little adherent to the pleura at the base; some adhesions also between the lobes. Externally—the color anteriorly is pale, less so and bluish near the base, growing darker by insensible degrees posteriorly. The pleura is otherwise healthy. On incision it is pale anteriorly, growing dark towards middle, and still darker posteriorly. Its substance crepitates anteriorly, becomes dense in the middle, and yet more dense posteriorly; being scraped with the scalpel a frothy blood escapes —breaks down under pressure posteriorly. Small portions of the anterior float, of the posterior sink, but only after pressure. Anteriorly the internal bronchial membrane light, posteriorly dark and stained. The larger bronchi are pale and normal, no decided injection; no tubercles. Weight one pound eleven and a half ounces. Right lung.—Slightly adherent, but adhesions are readily broken. No adhesions between lobes; slightly puckered at apex. Its aspect anteriorly is light; apex and inferior parts inclining to purple, growing gradually darker posteriorly. On incision an abundant frothy fluid escapes. Crepitation perfect throughout middle portions, less at apex. Very imperfect at base and posterior portions, which are dense and spleen-like in texture, and sink readily, quickly, and without pressure. Bronchia of the middle lobe light throughout; of the interior and posterior portions, dark and stained. No marked injection. Weight, one pound eleven and one half ounces. Pleura costalis on the right side has a slight layer of lymph, which can be readily scraped off. Slight roughness of the pleura pulmonalis at base. *Heart.*—Pericardium yellowish; one or two transparent spots on its surface. The blood which escapes from the large vessels dark, dissolved, sizy. Right auricle contains an abundant dark grumous clot, extending through into the ventricle. Right ventricle contains a yellowish fatty fibrinous clot, moulded to the valves and extending into the pulmonary artery. Left ventricle has a small, mostly fibrinous clot entangled in the meshes of its valves. Pulmonary valves readily hold water; aortic do not, being thickened, opaque, much contracted at upper edges. Remaining valves normal. Weight of heart, fourteen and one half ounces. Substance of left ventricle three fourths of an inch in thickness. Coronary arteries normal.

Abdomen.—*Liver.* Slight old adhesions on right side. Externally pale, anterior edge is stained of greenish hue. Substance

* This note (of the specific gravity of the white and grey matter) is suggested by the recent investigations of Dr. Sankey *On the Specific Gravity of the Brain.* See his able and original paper on this subject in the *British and Foreign Medico-Chirurgical Review* for January, 1853.

firm, cuts crisply; specific gravity 67. Weight five pounds. Dimensions 11½, 8, and 2¾ inches. Gall-bladder moderately distended with bile. *Spleen*—externally normal; its substance soft, not diffluent. Dimensions 8, 4½ and 1 inch. *Kidneys*—substance of right, normal. Capsule normal. Weight 7½ ounces. Dimensions 5⅝, 3 and 1¼ inches. Capsule of left slightly adherent; substance normal. Weight 8½ ounces. Dimensions 5⅝, 3¼ and 1¼ inches. *Stomach*—contains half a pint of yellowish opaque fluid. Its mucous membrane slightly mammillated; some punctiform injections on its large curvature. Lower portions discolored, greenish in hue; yield strips of half an inch. *Small intestine.*—Duodenum and jejunum œdematous in spots. Valvulæ conniventes distinct; about two feet from ileo-cœcal junction the large vessels can be seen through the wall, of a deep red color; at five feet the coats are generally of a greenish hue, somewhat injected and œdematous in spots; at seven feet is a discoloration of a greenish hue for a space of four inches. At lower portion the patches of Peyer appear to be slightly depressed, but their mucous membrane is entire. "Shaven beard" appearance of patch nearest to ileo-cœcal valve is barely noticeable. No ulcerations. *Large Intestine.*—Exterior normal, slightly œdematous and reddened internally. Bladder contracted; contains a little urine; is slightly injected in spots.

The preceding is a fair example of a fatal case of the fever, occurring in a strong and muscular man in the prime of life. The disease was not unusually severe in its access, nor was it accompanied by complication or any extraordinary symptoms. Its distinguishing marks, if any, were those of depression and extreme prostration. On *post-mortem* inspection, no one part appeared to have been essentially affected. The fluid, dark, disorganized character of the blood is what most arrests the attention. The morbific influence seemed to have expressed itself pretty equally upon every organ in the body.

Having thus, with more or less minuteness, illustrated by examples the ordinary phases of typhus in the British metropolis, in its mild, moderate, severe and fatal forms, let us next consider briefly the essential facts and elements set forth in the cases adduced, and confirmed by the multitude of recorded observations now spread upon the pages of fever throughout the realm. And first: the broad and general statement of these facts, as manifest in the fever of Great Britain, may be laid down as follows, viz.:

It is an affection sudden and severe in its accession, originating mostly in the densely populated and poverty-stricken portions of the larger cities and towns of England, Scotland and Ireland, traceable, in a majority of cases, on the part of the patient, to a more or less immediate intercourse with the sick; common to all ages and both sexes; ushered in by lassitude, depression, rigors,

anorexia, headache, pains in back, limbs and joints; accompanied, or soon followed, by loss of strength; dulness of the intellect and special senses; perversion of memory; stupor; hot and pungent skin, dusky, moist or dry; flushed face; suffused eyes; furred and loaded tongue; accelerated, but moderately full, soft, compressible pulse; without any considerable deviation (in its simple uncomplicated form) from a normal condition of the chest and abdomen; general sensitiveness of surface; a strong, peculiar nauseous odor of the body; exhibiting, on or about the fifth day, an abundant, characteristic rash, first seen upon the arms, upper part of chest and legs, later on abdomen and back, never on the face—the approach of which is previously heralded by an indistinct mottled and roseate appearance of the surface, seemingly subcuticular—which rash is at first light, pinkish, florid, isolated or clustered, simulating not infrequently the eruption of measles—then darker, more or less persistent, spreading, increasing in abundance and intensity for several days, sometimes livid, petechial, fading on or about the tenth day, and disappearing, in the order in which it came, from about the twelfth to the sixteenth day: which symptoms may vary in severity and relative importance, may vacillate from better to worse, from worse to better, or remain stationary, or diminish in intensity till they are merged in convalescence; or may be aggravated and receive accessions—the tongue become dry, swollen, fissured, black, with accumulations of sordes on the teeth and lips; injected eyes; fuliginous face; burning skin; livid and petechial spots; hurried, interrupted, imperfect respiration, accompanied by sighs and moans; dulness at lower posterior part of chest on percussion; an exceedingly rapid, feeble pulse; extreme muscular prostration, but with momentary exhibitions of unnatural strength; coma vigil or great nervous agitation, simulating at times the busy excitement of delirium tremens; with sometimes coolness of surface and profuse sweating; terminating, at a variable period between the tenth and twentieth day, often earlier, rarely later, in death; the *post-mortem* examination disclosing, externally, much discoloration of depending and posterior parts—internally, the absence rather of any considerable organic lesion, but commonly evincing more or less abnormal vascularity of the brain and its membranes, its substance being firm and natural; the bloody points on its cut surface numerous, distinct and dark—with oftentimes slight increase of serum beneath the arachnoid and in the ventricles, clear or turbid; lungs externally normal—internally normal anteriorly, the posterior and depending parts more dense and engorged; lining membrane of the bronchia reddened, stained, not usually injected; heart soft, flabby—its contained blood dark, fluid, dissolved, sizy—with loose non-coherent clots in the meshes of its valves; viscera of abdomen normal, with the exception of discoloration and sometimes simple congestion of the mucous

lining of the small intestines—occasional softening of the spleen, and general fluid, sizy, disorganized condition of the blood throughout the body—the sum and substance of which symptoms, facts and circumstances is represented under the conventional term of *Typhus.*

The consideration of certain attributes and phases of the disease, in detail, must be deferred to a subsequent number.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JUNE 14th.—*Aneurism of the Arch of the Aorta.* Case, reported by Dr. Warren, of Waltham, was read by Dr. BOWDITCH.

F. C., 36 years of age; went to sea when 18 years of age; was a sailor for several years. In the first part of his going to sea, which was on board the U. S. ship Ohio, he was very sick with a fever, and was treated at the Chelsea Hospital. On his recovery he was discharged from the service. Eight years since, when in the East Indies, he fell from the mast-head, a distance of about sixty feet, to the deck of the vessel. Four years ago he was struck on the left side of the chest, in front, by a horse, causing severe injury. Had suffered considerably from palpitation nearly fifteen years—this often obliging him to stop and rest when at work, and "particularly when going aloft, on board the vessel." In November, 1856, when hanging a barn door, a gust of wind struck it, causing it to fall upon his head and left shoulder, crushing him to the ground, as he said. During the winter and spring following, he suffered severe pain in the upper part of the left side of the chest, particularly near the junction of the clavicle and sternum, and extending to the left shoulder and down the arm, often obliging him "to stop and rest when milking." He also had a severe cough during this time. About the first of May, 1857, he first perceived a pulsating tumor, about the size of a pea, immediately above the left clavicle, and quite near the left sterno-clavicular articulation. The tumor steadily increased, the pain became more severe, particularly at the spot above mentioned, and the cough continued, until about the last of July, when one day, while breaking off corn in the field, he felt something give way at the junction of the clavicle and sternum. This proved to be the separation of the articulation. The pain and distress at the time were intense. The pain diminished considerably, and the cough soon ceased entirely.

The tumor continued to increase, forcing the clavicle upward and forward.

I first saw the patient toward the last of November, through the kindness of Dr. H. Hosmer, of Watertown, who had occasionally visited him since July. Since then he has been under my constant observation and attendance. At the time of my first seeing him, the tumor measured between eleven and twelve inches in circumference at the base, and was prominent about two inches. In January, the right sterno-clavicular articulation gave way, and on January 30th, when

the first ambrotype of him was taken, the tumor measured fourteen inches in circumference at the base, six inches in its longest diameter, three inches in its shortest, and two and a half inches in its greatest prominence. It extended downward and to the left, under the clavicle, over the first and second ribs, and upward to the right, about two inches above the sternum, and slightly rose over the right sterno-clavicular articulation. The tumor steadily increased—during the last three weeks of life, rapidly, and greatly downward and toward the shoulder and axilla. In the nine days following the 19th of May, it increased five inches in circumference. On the 31st of May, two days before death, when the second ambrotype of him was taken, the tumor measured twenty-seven inches in circumference at the base ; a line drawn over it, in its greatest length, measured fifteen inches ; one at a right angle to this, over its greatest prominence, thirteen inches. The tumor extended from the inner third of the right clavicle to the left shoulder and axilla, and downward to the nipple, which it raised. Its greatest fulness was next the shoulder and downward. When the patient was in his usual upright position, his chin touched, almost rested, on the tumor. The pulsations were powerful, particularly at times.

The sounds of the heart were somewhat muffled, and there was a slight bellows sound at the apex during the systole. The pulse at the wrist was barely perceptible ; at the bend of the arm it was a mere thread. The aneurismal thrill and *bruit*, at first, was considerable, latterly very slight. The respiration was feeble in the region of the left scapula ; in other parts of the chest loud—a sort of sucking and blowing respiration. During the last five or six weeks of life, the lungs were not auscultated. During the last month of life, the urine was scanty, with a thick sediment. His feet and legs became very œdematous. After the middle of February the distress greatly increased, and during the three days preceding March 11th, he was unable to swallow, was quite feeble, and began to take nourishing enemata. On the morning of the 11th, about 5 o'clock, he was seized with severe distress in the middle of the chest, a little to the left of the sternum, "and felt something give way." I saw him at 8 o'clock. The heart's action was then very much disturbed ; pulsations rather feeble, slow and intermittent. The impression conveyed, when the hand was placed on the tumor, was almost that each pulsation would be the last. The heart's action gradually became as before. He was almost entirely relieved of the dysphagia, and experienced it but little afterward.

About the first of April, a thin prominent spot was first observed at the place where the tumor at last burst. This increased, became quite prominent, until its extent was nearly circular and about an inch and a half in diameter. As the fulness of the outer portion of the tumor increased, however, this prominence became barely perceptible.

During Sunday night, May 30–31, an ecchymose-looking spot appeared on the left portion of the thin place ; this extended left, upward and to the right, over a space at last of eight or ten square inches, and became almost black in appearance. During the day of the 31st, a large vesicle formed where the ecchymose spot first appeared, which was opened at my evening visit, and nearly two teaspoonfuls of serous fluid escaped. During the last thirty-six hours of life the distress and pressure increased. A slight abrasion of the skin

on the thin place having occurred a few days previous, followed by a slight watery discharge, the place had been covered with a small cloth, on which was spread cream and fresh butter.

At the morning visit, Wednesday, June 2d, a small spot was noticed on the thin place, which had evidently grown much thinner during the night. At 7 o'clock, P.M., the time of the evening visit, I found blood had appeared through the cloths covering the tumor, and was told that on removing them, at 2 o'clock, a slight bleeding was found to have occurred, and the attendant would not remove the small cloth. The cloths were removed, and as I was carefully lifting the small cloth covering the thin place, the tumor burst at that spot, and the blood spirted eight or ten feet distance. I instantly applied my finger to the opening, and the stream of blood was stopped. The pulsations, pressure and fulness of the tumor became very great; these, with the movements of the patient, caused the blood to escape every moment. It was evident that if the hand were removed, the blood would burst forth in a torrent. Cloths, sponge, if it were possible to apply them, would be of no benefit. Death was inevitable; and there were but two ways for me to act—either to take my hand off, and let the patient die at once, or keep it on the tumor until he should sink from the gradual loss of blood. I chose the latter. The blood continued to escape, once in a large stream on the face and chest of his brother, who sat holding the bowl opposite him, in consequence of the patient suddenly moving, as I was quickly changing my hands on the tumor, being obliged to do so from fatigue, and he gradually sank and died easily at 9 o'clock, two hours after the bursting of the tumor. The amount of blood lost was estimated to be over one hundred ounces.

The patient bore his sufferings calmly and manfully, was fully aware of his situation, and often expressed a strong desire that a thorough examination should be made of him after death, and that I would dispose of the parts as I saw fit. The same calmness was also manifested when the tumor burst, and while the blood was flowing from him; he said that he must die, and entreated me to take my hand away, and let him die at once.

Sectio Cadaveris, by Dr. Ellis. The aneurism, at the time of the examination, was considerably less prominent than before death. It extended from a point situated about two inches outside of the right sterno-clavicular articulation, downward to the third rib, and upon the other side to the axilla. A portion of skin between four and five inches in diameter, over the most prominent part of the tumor, was discolored by the effusion of blood beneath the surface. In the thinnest part of this, near the inner extremity of the left clavicle, was a slit about two thirds of an inch in length, through which the blood had escaped at the time of death. Here the tissues were not more than a line in thickness.

The aneurism commenced abruptly, from two to three inches above the aortic valves, and extended upward higher than the clavicle, from which point the blood had made its way between the external surface of the ribs and the soft parts as far as described. The descending aorta was also involved, the artery not regaining its natural size until a point was reached three inches above the diaphragm. No decided line of demarcation existed between the vessel and the aneurism.

Both clavicles were completely separated from the sternum, and

projected into the sac. The first rib on the left side was also nearly or quite separated. On examining the ends of these bones very small points were found, which appeared to be perfectly denuded. The remaining portions were covered with a very thin, smooth membrane, continuous with that lining the aneurism. Between the ribs and the left pectoral muscle was a large coagulum, lying entirely to the left of the perforation.

The coats of the artery were wrinkled, and contained much atheromatous deposit, cartilaginous-looking plates, and some that were calcareous. The lining membrane could be traced far into the sac, but was finally lost.

The opening of the left carotid artery was about a line in diameter; that of the subclavian much contracted, though larger than the other. The mouth of the arteria innominata was also quite narrow.

The left ventricle of the heart was hypertrophied and dilated, the organ being in other respects not remarkable.

The extension of the aneurismal sac having been mostly toward the anterior parietes, the organs within the chest had escaped. The œsophagus showed no signs of compression. In the lower part of the trachea was a slight prominence, but the lining membrane had undergone no change.

The head was not examined.

The right pleural cavity contained, by estimate, four pints of serum, and nearly one pint of the same was found among the bands of false membrane extending between the pleural surfaces on the left side.

The right lung was considerably compressed by the surrounding fluid.

The other organs were normal.

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DISINFECTING AGENTS.

A recent French journal contains a report by MM. Tardieu, Cazalis and Fermond, on the comparative value of certain disinfecting agents, ascertained by trial at the immense almshouse *la Salpêtrière*, at Paris. The subject is of interest at the present time, when the approach of the hot season calls for the special employment of the means best adapted to neutralize the noxious effects of decomposing organic matter. In the beginning of their report, the Committee allude to the difficulty of comparing one disinfectant with another, and deciding which is the best. There is no test for the different odors, except hydrosulphuric acid and ammonia, and the sense of smell, however acute, cannot distinguish between the modifications produced by different antiseptic agents in a mephitic atmosphere. It is impossible to remember, from one day to another, the different effects produced on the organ of smell by the disinfected air of an apartment. Moreover, foul odors owe their infectious qualities to so many different substances, that chemical investigations have by no means given us an exact ac-

count of their composition. Indeed, with the exception of sulphuretted hydrogen, hydrosulphate of ammonia, ammonia, and a few other gases, it may be said that the chemistry of infectious odors is entirely unknown.

The following general propositions are stated by the Committee. 1. The volatile acids, nitric, hydrochloric, acetic, &c., may in certain cases be efficacious by neutralizing ammoniacal animal matters, or even sometimes in effecting a chemical modification in them. 2. Nitrous and sulphurous acids in some cases produce excellent effects in de-oxygenizing organic substances. 3. Chlorine and the alkaline hypochlorides, the best disinfectants known, decompose all organic matters in attracting their hydrogen. 4. The alkalies, such as potash, soda, quick-lime, ammonia, &c., act particularly by neutralizing carbonic, hydrosulphuric and perhaps other organic volatile acids, whose nature is completely unknown. 5. Certain soluble salts, whose base forms with sulphur an insoluble sulphuret, act efficaciously in hydrosulphuric gas and hydrosulphate of ammonia, which are very deleterious. 6. In all cases, ventilation is the indispensable complement of every disinfecting process.

The object of the experiments of the Committee was to ascertain the comparative values of the *Disinfecting Liquid* of M. Ledoyen and of the *Anti-mephitic Liquid* of M. Larnaudès, and at the same time the efficacy of chlorine, united to the alkaline bases, soda and lime. The liquid of M. Ledoyen consists of a solution of the nitrate of lead, in the proportion of 26½ lbs. of the crystallized nitrate to 25 gallons of water. That of M. Larnaudès appears to be composed of a solution of sulphate of zinc in water, with the addition of a little sulphate of copper to make the invention patentable. The experiments of the Committee were made on the sewers and privies of the establishment, on fæcal matter, on the atmosphere of infected wards, on putrefying animal matters, and those which are easily decomposed but not actually putrid. We shall only notice to-day the results of the trials of the different antiseptics in the privies and sewers of the Salpetrière.

The purification of these had previously been effected by means of a fluid composed chiefly of a solution of a salt of iron, made by M. Krammer, which was found to be of considerable value, though there were certain privies which were in such a state that this agent had scarcely any effect in purifying them. The experiments with Ledoyen's fluid consisted in washing every part of the apartments with it, daily, for one month. The superfluous liquid passed into the sewer. This process produced a sensible improvement in the state of the air in the worst privies, which lasted from ten to eleven hours. The objection to this method consisted in its leaving white spots of sulphate of lead (which, however, were easily washed off) on the wood-work, and black spots on the metallic basins. The disinfecting solution of Larnaudès was applied in a similar manner with an equal effect in removing the foul smell. The effect, however, lasted only half as long as in the preceding experiment, and there was left a disagreeable taste of copper and of zinc in the mouth of the experimenters.

In order to try the effect of chloride of lime in the most favorable manner, nine pounds of the salt were mixed with ten buckets of water. Four buckets full were decanted off, and used to wash the walls and floors of the apartments, while the rest was thrown into the

vaults. This process was also continued for one month, with the result of rendering the air perfectly free from disagreeable odor other than that arising from the chlorine itself. It was remarked by the men employed in the premises that this agent was far more effectual than either of the others. An unexpected result was also produced; for several days, a thick, white vapor of hydrochlorate of ammonia was noticed, after the employment of the chlorine, owing to the immense quantity of ammonia with which the wells of the privies and vaults were saturated, and which was not removed by the processes of Ledoyen or Larnaudès. This vapor disappeared in a few days. It was found by calculation that the expense of employing the chloride of lime for a year would be 219 francs less than that of the fluid of Larnaudès, and 160 francs less than that of the solution of Ledoyen.

NEW METHOD OF AMPUTATION.

M. Maisonneuve, of Paris, has lately proposed a new method of amputating which deserves the attention of surgeons. It is styled by him the *diaclastic*, or that by rupture; and he has furnished a detailed description of the procedure, setting forth its advantages, and accompanying the account with a wood-engraving of the instrument devised for executing it. This paper may be found in the *Gazette Médicale de Paris* for the 8th of May, 1858. It was at first our intention to have translated the entire article for the pages of the Journal, but time at present failing us, we will allude to the main points of interest, and live in hope that some one will hereafter favor us with the whole in an English dress.

The author, who is now surgeon at the hospital *La Pitié*, in Paris, begins his paper by referring to the danger of amputations in general, and asserts that "among the numerous patients, who die after being operated upon, at least four fifths succumb to accidents inherent in the operation itself."

Purulent infection, according to M. Maisonneuve, is the most frequent and the most fatal sequela of amputation. The researches of Velpeau, Dance and Mareschal are referred to as having thoroughly opened the subject and exposed the mechanism of the morbid action. The poisoning of the blood by the pus, which, being formed in the interior of the veins, is at once thrown upon the circulatory torrent, is the cause of the terrible results observed. *Phlebitis and purulent infection* are therefore understood as virtually synonymous in surgical language.

The fact that the most skilful operators have very generally been observed to have some of the most unfortunate cases as to results, is noticed by M. Maisonneuve; and he attributes this to the constant desire of such surgeons to use the knife, while others, less skilful with the latter, oftener have recourse to ligatures and caustics, or else "to instruments which, like scissors, bruise the tissues during division."

The surface of a wound after amputation by the knife, presents, as the author remarks, a space open to the action and penetration of the subsequently-formed purulent matter; and especially the gaping mouths of the divided vessels are thus exposed to the extension of suppurative inflammation. It is not, therefore, surprising that "purulent infection" often follows capital operations.

The contrary state of things obtains after operations for the abla-

tion of parts by ligature, the cautery or *arrachement;* the vascular canals being more or less completely obliterated before the suppurative process begins.

Reflections of this sort induced M. Maisonneuve to propose his "diaclastic" operation; and he succeeds in dividing the bone in the spot which he selects, without splintering, and of course without sawing, hæmorrhage, &c. The soft parts are divided by means of a ligature. The operator says, "After having brought the question of dividing the bone by rupture, to a practical conclusion, I had only to choose between cauterization and ligature, as a means for the division of the soft parts. For the present, I have decided upon the latter mode, as more expeditious and easier to put into execution. Consequently, I had an instrument made after the pattern of the *serre-nœud* of Graefe, and which, in a small compass, has the power of dividing easily and quickly the largest limb."

Many experiments to test the capability of this apparatus were made upon the dead body before its originator tried it upon the living. On the 1st of May, 1857, M. Maisonneuve amputated, partially, by this method, the leg of a young man, 20 years of age, who had a "white swelling" upon the foot. The bone was broken by the instrument, but the knife was used to divide the soft parts. The patient recovered well from the operation.

The operator's second trial was made September 15th, 1857, and *entirely* in conformation to the new process; the bone being broken by the instrument, and the soft parts divided by extemporaneous ligature. This patient was wholly cured, and went out of the hospital on the 15th of December, walking with an artificial leg. Four other cases are given, and all were completely successful. Five legs and one fore-arm were the limbs concerned. As yet, the operator has not thus removed either the thigh or the arm.

The representation of the apparatus follows the above account of the cases; and subsequently a more minute description of the instrument and of the operation is given. We translate, in full, the author's "*Conclusions*":—

1. "Amongst the accidents which compromise the success of capital operations, that known as phlebitis or purulent infection is, without dispute, the most frequent and disastrous.

2. "This affection is most often declared after amputation of the extremities, and generally after such as are done by the knife.

3. "The affection is almost never observed after operations done by ligature, caustics or *arrachement.*

4. "The cause of this difference is the perfectly occluded condition in which the last named methods leave the vascular orifices, while, on the contrary, the knife leaves them wholly exposed.

5. "Until the present time, every attempt to apply the proposed method to the amputation of the extremities has failed, because the bones could not be conveniently divided.

6. "By the diaclastic method, this difficulty is removed.

7. "In combination with the extemporaneous ligature, the diaclastic method gives the surgeon a very simple system of amputation, and one very easy to carry out.

8. "In addition to the special advantages which this combination of operative measures affords as regards purulent infection, there is

this one in particular—that the surgeon can perform the operation without assistance; that no blood whatever is lost, and no ligature of vessels required.

"9. The first trials of this new method, where the leg and the forearm have been amputated, have been as encouraging as could possibly have been anticipated, since all the six patients operated upon were cured."

Prizes of the Mass. Med. Society.—The Mass. Medical Society is authorized, by a donation from one of its members, to offer the sum of *one hundred dollars* for the best dissertation adjudged worthy of a prize on the following theme, viz.: "To what affections of the lungs does bronchitis give origin?" The above is open to physicians of every country. The latest article on the relations of bronchitis to other diseases of the lungs was written by Dr. W. T. Gairdner, of Edinburgh, in 1850. A review of the paper can be found in the *British and Foreign Medico-Chirurgical Review* for April, 1852. Each dissertation should be designated by a motto, and accompanied by an envelope, superscribed with the motto, and containing the writer's name and address. The sealed packet, accompanying the successful dissertation, will be broken and the author's name announced at the annual meeting of the Society in May, 1859.

Dissertations for the above prize must be sent (post paid) to the Corresponding Secretary, Dr. Benj. E. Cotting, Roxbury, Mass., on or before April 15th, 1859. J. B. Alley, *Recording Secretary.*

Professor Agassiz.—We are much gratified to learn from the *Courier* that this eminent savan has declined the splendid offer made to him by the Emperor of the French, of the Superintendence of the Garden of Plants, with a salary of twenty-five thousand francs and a seat in the Senate. Prof. Agassiz prefers to remain in his adopted country, where he will be employed for some years to come in completing his great work on the natural history of the United States. "The truth is," says the *Courier*, "and we wish the nations of Europe, France included, to understand it, that we do not mean to let Prof. Agassiz leave America. We have need of him here, and we love and honor him too much to have him go away from us."

Deaths of Eminent Medical Men.—The foreign journals inform us of the recent deaths of several distinguished scientific men. Among them was the celebrated physiologist, Prof. Müller, of Berlin, who died at the early age of 56. Prof. Mauthner, director of the Children's Hospital at Venice, whose writings have occasionally appeared in these pages, is also dead. His papers on the diseases of children, in the *Journal für Kinderkrankheiten* and other periodicals, are extremely valuable.

Disease of the Manufacturers of Quinine.—It appears, from a communication from M. A. Chevallier to the French Academy of Sciences, that the workmen employed in the manufactory of the sulphate of quinine are liable to a peculiar cutaneous affection, which is severe enough to cause them to suspend work for a fortnight, a month, or even altogether. It attacks not only the workmen, but those about the place. No remedy has as yet been discovered.

The Middlesex North District Medical Society.—The following are the officers of this Society for the year :—Drs. John W. Graves, of Lowell, President; Charles A. Savory, of Lowell, Vice President; Jonathan Brown, of Tewksbury, Secretary; N. B. Edwards, of N. Chelmsford, Treasurer and Librarian; Jeremiah P. Jewett, of Lowell, Curator of Cabinet; John C. Dalton, of Lowell, Commissioner on Trials; Standing Committee—Harlin Pillsbury of Lowell, Miles Spaulding of Groton, David Wells of Lowell; Councillors—Nehemiah Cutter of Pepperell, John W. Graves of Lowell, John C. Dalton of Lowell, Jeremiah P. Jewett of Lowell, Charles A. Savory of Lowell, Darius A. Dow of Westford, Luther B. Morse of Lowell, Hanover Dickey of Lowell, Joel Spalding of Lowell; Censors—Nathan Allen of Lowell, Hanover Dickey of Lowell, Elisha Huntington of Lowell, D. Parker Gage of Lowell, Jeremiah Blake of Dracut.

Duration of Life among the Jews.—According to the observations of E. Gatters, the duration of life among the Jews is considerably longer than with Christians; even in infancy the mortality of the former is relatively less than among the latter. From his calculations it results that the average length of life is for Israelites, 46.5 years; for Germans, 26.7; for the Croats, 20.2; for the Austrians, 27.5. Gatters attributes this superiority on the part of the Jews, in different climates, entirely to the influence of race, and suggests the advantage of paying attention to the ethnographic element in the etiology of diseases. It is very probable that the cause of the greater longevity of Jews over Christians does not depend wholly on race, as Gatters thinks, but especially, if not entirely, on the fact that the Jews are more wealthy than Christians, and that their hygiene is superior to that of the latter.—*Brown-Sequard's Jour. of Phys.*

[The Jews in America cannot certainly be considered as superior to Christians in their hygienic condition; they are, in fact, far below the latter in this respect. We have no means of ascertaining the comparative longevity of the two races in this country.—EDITORS.]

Dr. Brown-Sequard's Lectures.—The lectures of this celebrated physiologist, delivered at the Royal College of Surgeons and St. Bartholomew's Hospital, have excited, among all ranks of the profession of the metropolis, an unprecedented amount of interest. The theatres have been thronged with audiences whose attention was intensely attracted by the exceedingly interesting and novel representations of the distinguished lecturer. His discoveries are well calculated to open many new views regarding the physiology of the central nervous system.—*London Lancet*, May 29th.

A Homœopathic Lawsuit in France.—It appears that twelve homœopaths, practising in Paris, have brought an action against the journal called *L' Union Medicale*, for an article written by Dr. Gallard, and which puts the delusion in its proper light. The damages are laid at £2000.—*Ibid.*

Health of the City.—Among the 73 deaths reported last week, 6 were from violent causes. There were 5 deaths from whooping cough, 3 from dysentery, 3 from scarlatina, 2 from pneumonia and 2 from congestion of the lungs. The number of deaths of children under the age of 5 years was 21. The total number of deaths reported during the corresponding week of 1857 was 58, of which 9 were from consumption, 4 from pneumonia, 0 from whooping cough, and 6 from scarlatina.

Communications Received.—Death from drinking Ardent Spirit; Gall-Stones.—Letter from Dr. E. S. Cooper.

Books and Pamphlets Received.—Reid on the Ventilation of American Houses.

Deaths in Boston for the week ending Saturday noon, June 26th, 73. Males, 37—Females, 36.—Accident, 2—anæmia, 1—disease of the bowels (reported stoppage of bowels), 1—inflammation of the brain, 1—congestion of the brain, 1—consumption, 16—convulsions, 1—croup, 2—dysentery, 3—diarrhœa, 1—dropsy, 4—dropsy in the head, 4—infantile diseases, 5—puerperal, 1—executed, 1—scarlet fever, 3—typhoid fever, 1—intemperance, 1—inflammation of the lungs, 2—congestion of the lungs, 2—disease of the liver, 1—marasmus, 2—measles, 2—old age, 2—pleurisy, 1—rheumatism, 2—suicide, 3—teething, 1—whooping cough, 5.

Under 5 years, 35—between 5 and 20 years, 10—between 20 and 40 years, 13—between 40 and 60 years, 8—above 60 years, 7. Born in the United States, 53—Ireland, 18—other places, 2.

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NOTICE OF THE LATE PROFESSOR CHOMEL.

[Translated from the French, for the Boston Medical and Surgical Journal.]

[THE following obituary notice, which we find in the Parisian *Gazette Médicale* for April 17th, will be read with interest by the numerous members of the profession in this country who have enjoyed the privilege of listening to the instruction of Professor CHOMEL.—EDITORS.]

If the general recognition of great talents and a fine character constitute, in the eyes of every reasonable man, the most certain and most rare claim for the esteem of honorable minds, no one was more worthy than M. Chomel of inspiring this sentiment, the best recompense of a long life consecrated to the relief of the sufferings of humanity.

What is called a medical aptitude is not infrequently met with among those young men who have the double advantage of being well instructed, and of possessing in their own families the traditions of science, which thus becomes a sort of honorable patrimony. But together with these innate inspirations, these studious and devoted habits, may be observed a natural taste, a special aptitude, an ardent desire, a genuine instinct; and yielding to these powerful impulses, a mind fortunately endowed with all the qualities most proper to ensure success, traverses with a confident step the career open to its ambition, arrives at the goal, and triumphs over every obstacle.

Such was the physician whose recent death has a legitimate right to the honors of a public sorrow. Never were more solid and profound science, a more steadfast and loyal character, more entire devotion to duty, united in a man more happily constituted prominently to exhibit these precious gifts; and if to all this we add the active intelligence, the superior grace, the persuasive language, the consoling sweetness, the charm of a benevolent look, and, what is worth a hundred times more, the austere probity of the man who made an incorruptible priesthood of the practice of his art, we shall combine in these few words the sum of a life worthy to

serve as a model for all who embrace the noble calling of the physician.

He who for nearly half a century applied without stint all his intellectual faculties to the study of disease and of its cure, whom no thought could turn from this incessant labor, who always sought the truth with a pure heart and an unbiassed mind, whom no consideration ever caused to swerve from the path traced out by a conscience not less enlightened than scrupulous; the physician who never did to another what he would not that another should do to him; the man whose sincerity was never doubted, whose truthfulness was never tarnished by the shadow of a suspicion—every one recognizes M. Chomel in this portrait—has been taken from us, leaving a void in our lacerated hearts which it will indeed be hard to fill.

Science is an heritage transmitted from generation to generation, enriched by additions made by certain minds whose sagacity discovers new facts and relations hitherto misapprehended; but in the midst of this abundance all is not gold, there is an impure alloy mingled with it, and the real periods of progress are those in which we rid ourselves of these superfluities, no less false than brilliant. It belongs to men of a superior quality to separate truth from error, to substitute accurately observed facts for the vain chimeras of the makers of systems, and thus to lay with cautious deliberation the true foundation of future science.

M. Chomel was one of these reformers; he always walked in the right path, because his steps were lighted by the torch of observation, because his analysis of morbid phenomena was ruled by the most severe circumspection, because he knew how to refrain, if he thought he had no right to affirm or conclude. And let it not be supposed that this ripeness of judgment was the tardy fruit of mature age; from the very beginning of his practice he was remarkable for the correctness of his views, for the minuteness of his researches, for the justness of his appreciations.

We have seen an entire medical generation carried away by one of those ardent spirits who, under the pretence of generalizing and simplifying science, cruelly stretch it upon a new bed of Procrustes, and mutilate it for the greater glory of a systematic, and consequently false idea. But while the crowd hurried eagerly after the footsteps of the enthusiastic reformer, a few protested earnestly against these heedless transports, recalled the wise and well disposed into the narrow path of attentive observation, and by degrees led back the wandering minds towards those less brilliant but calmer regions, where the judgment is no longer liable to error.

In this way M. Chomel has rendered an immense service to cotemporary medicine, by contributing powerfully to establish the salutary yoke of the judgment and reason. He reconstructed the true foundations of clinical medicine, and during thirty years his

teaching has been unrivalled. He displayed a wonderful sagacity in his patient analysis of those diseases which are of daily occurrence, which compose the greater part of our contingent of habitual suffering, and he selected preferably those pathological conditions which are so common, and which it is of such importance to be well acquainted with, and between the various forms of which it is so necessary to be able to discriminate. He loved to repeat that axiom of wisdom, *rara non sunt artis;* he could resist the vain allurements of those unusual appearances which fascinate mere amateurs, which gratify for the moment the puerile curiosity of the frequenters of cliniques, but which leave no useful impression on the mind. Here, in fact, lay the peculiar character of his teaching; he sacrificed everything to utility; he wished his pupils to learn to guide themselves through the obscure mazes of practice. He lighted the road, he pointed out its obstacles, he showed its dangers; and it may with truth be said, that the Parisian School owes to him a great part of its reputation for prudence, for wisdom and for firmness. No one did more than he to restrain young medicine within the limits of reason and of duty. Preaching by his example, displaying upon a vast theatre the virtues which characterize the true physician, alive to every form of misery, full of compassion for all sorts of suffering, full of consideration for every kind of misfortune, he constantly recognized the dignity of those functions, almost divine, which are confided to the men whom the Faculty of Medicine and the Administration of Charities place at the head of our hospitals.

There was M. Chomel to be seen to the best advantage; there he exhibited all the brilliancy of his worth, there his many listeners learned to appreciate him. Nothing could deter him from the accomplishment of his professional duties; his punctuality became proverbial; his *chefs de clinique* can tell with what scrupulous care he collected all the facts capable of leading to a correct diagnosis, what zeal he brought to the inquiry of all the causes which had influenced the development of the disease, with what sagacity he estimated the share of each in the production of the pathological condition submitted to his examination. Following those visits made with such care, a large number of physicians now living learned to distrust their preconceived notions, and the illusions too often created by a first impression, and to resist the attractions of what is called medical intuition. Proceeding always with reserve, Professor Chomel left nothing to chance; he preferred to submit to a rigorous appreciation all the elements of the problem which he was to solve; by a method wholly rational he was led to the truth; and when doubt remained, after every effort had been made to remove it, the patient was allowed the benefit of the doubt, and was no loser by the delay which arises from the conscientiousness of the honest man and the caution of the savant. M. Chomel could

never be blamed for that temerity which the rash call lucky; he ran no risk in the treatment of diseases which were obscure; he was accustomed to say to his pupils, *Melius est sistere gradum quam progredi per tenebras;* he never felt authorized to take any great step if supported by nothing more than a pure hypothesis.

Such was the character of the clinical teaching of Professor Chomel. We recognize in it his sound judgment, his incorruptible probity, his fidelity to duty, his reverence for the dignity of his calling, his respect for the great traditions of the profession, his care for the welfare of his patients, and especially an affectionate tenderness toward them, the inherent quality of human nature, that gentle pity which always comforts when science is powerless to heal. Admirable endowment of a few men, which renders easy to them the saddest duties assigned to the physician, which brings with it consolation to the sharpest pain, which mitigates the bitterness of death, and renders supportable the dreadful aspect of dissolution.

These great qualities of a superior mind are found in the works of M. Chomel. He wrote as he lived, or rather he formed into wise precepts all the public acts of his long career; he desired to transmit to the medical fraternity the results of his long experience. In his *Treatise on General Pathology*, the numerous editions of which are extensively circulated, he has traced the exact path which leads to truth; he maintained nothing which was not supported by certain proof; he held with a firm grasp the torch which should guide every physician worthy of the name, and while unfolding a profound science drawn from the purest and most abundant sources, he desired to touch the hearts of his disciples and of his brethren by teaching them the moral duties of the profession. It is impossible to read without emotion the chapter entitled "The Moral Treatment of the Patient." The excellent heart of M. Chomel is seen in every line—we feel that the whole man is there, with his noble bursts of instinctive tenderness, and we know not whether most to praise the learning which can comprehend with an assured glance the entire domain of disease, or the philosophy which understands the sufferings of his equals. Happy privilege of certain lofty natures, precious souls from whom exhale virtuous sentiments, sympathizing hearts which vibrate with every generous emotion, and find an abundant source of happiness in the practice of the most useful of professions.

It would seem as if those who have received from Heaven the sublime mission of relieving suffering, of wiping away tears, ought themselves to be exempt from paying this fatal tribute; but by one of those decrees of Providence, the secret of which is inscrutable to us, the man for whom everything seemed to smile, upon whom fortune lavished her gifts, who was surrounded by universal esteem, whom wealth and honor pursued even to his voluntary retreat, bent

his head under the weight of overpowering grief. The tender and devoted father beheld death select from his side his victims, and strike down successively the children who were the pride and the delight of his life; and when in the bitterness of his sorrow he saw the impotence of his efforts, when vanquished science unwillingly retired from the contest in which the much-lamented victim was even less to be pitied than those who survived, triumphing over grief he left the sacred tomb of his lovely daughters, and returned to the noble task of his daily life. He consoled himself, if consolation were possible in such a case, by increased solicitude for those who were confided to his care, seeking in useful toil an alleviation to the heart-rending sadness with which his soul was filled. Sublime spectacle! finished example of superhuman virtue, worthy of the imitation of all who aim at perfection! How few, alas, can profit by such noble teaching! If we admire the manly courage which triumphs over human weakness, how much more should we pity those who succumb under the burden of a sorrow for which this world affords no compensation!

Perhaps M. Chomel himself derived from illustrious examples the germ of this sublime resignation. Called by his high scientific position to treat the family of the late King Louis-Phillippe, he witnessed the destruction of a throne, and the departure into exile of the unhappy victims of our political tempests. He beheld disease and death strike successively the aged father and the young wife, and in the midst of these noble wrecks of fortune he saw a woman, triumphing over misfortune in all the majesty of her great soul, show to the world that religion can be victorious over all, that the promises of faith support us in adversity, and that in the midst of the cruel trials of this life we must bless the hand which strikes, and adore the terrible decrees of Providence.

M. Chomel witnessed this lamentable spectacle; he understood these agonies; he beheld the great lesson which entire resignation, leading us over all the obstacles in our path, gives to the powerful in this world. Bowing beneath the chastising hand, he redoubled his care and tenderness for the survivors. Those whom he honored with his love felt that his heart, so rudely tried, had lost none of its warmth. There was always the same devotion, the same cheerfulness, the same eagerness to be useful. Age and suffering could not dim this divine flame, lighted at the purest rays of faith, and to us it has been permitted to see in the last chapter of this well rounded life, in this last struggle so valiantly sustained, benevolence, intelligence, everything which characterizes the soul separated from its gross envelop, triumphant over its sorrows, and ready to soar toward the abode of celestial recompense.

Disease with its perpetual torments, death with its mournful accompaniment of inconsolable grief—such is the hard trial too often reserved for our feebleness, and which leads us into weak-

nesses at which we should blush, did we not know how natural they were. In the decline of life, when the accumulation of years has exhausted our youthful energy, when grief has broken our hearts and our strength, the bodily functions are enfeebled, and presently some concealed disorder becomes the inevitable germ of a disease of which nothing can stay the fatal progress. Science in vain witnesses the new developments which every day brings forth, and which manifest an irresistible power. Disease surrounds his prey, too often, alas! with cruel deliberation; the limit of life and of suffering, sighed for by the patient, prayed for by the sad spectators of agony, which is both deliverance and consolation, seems to recede as we approach it, and for more than a year was M. Chomel compelled to drain, drop by drop, this cup of inexpressible bitterness. In the midst of these sufferings, too certain tokens of a disease which nothing could assuage, M. Chomel paid a glorious tribute to his noble profession. He desired to offer to the medical world a last pledge of his solicitude for suffering humanity. Rallying his almost exhausted strength, he composed a book which contains the most complete and learned description which has been made of a distressing malady. Dyspepsia plays a considerable part in the ordinary practice of medicine; it tortures a great number of patients, it produces that profound melancholy which empoisons the fairest prospects, and by its resistance to the best-directed treatment brings despair to the sufferer, and drives him to the employment of all the vaunted remedies of charlatanism, so apt to take advantage of human weakness. M. Chomel has drawn a picture of these painful affections, and this portrait, instinct with life, was the last act of his clinical instruction. He desired to give to the physician the means of assuaging these fearful evils, and to the patient the hope of escaping them; and he will have successfully aided to restore to the domain of true science those unfortunate victims whom despair leads blindly into the perilous paths of gross empiricism.

Thanks to him for this! We have seen him on his bed of pain correcting the last proofs of his work, and accomplishing, with one foot in the grave, the duty dictated by his love for his fellow creatures. We would add, that this work bears the stamp of an eminent mind. Notwithstanding the progress of his disease, notwithstanding his sleepless nights, his weary days, with death waiting for his prey, his mind remained intact in the midst of dying nature, the spirit triumphed over the flesh, and the author who signed his work with a faltering hand retained the plenitude of his judgment, and gave council to those about him with an authority which was never more great or more genuine.

But the fatal hour was near, the moment was at hand when he must die, an easy task for him who had served so long an apprenticeship to death. It was our privilege to see this venerated mas-

ter a few days before that on which he breathed his last. He preserved his serenity of soul, and would have rejected the ordinary consolations which are proffered to the dying. He awaited with pious tranquillity the moment assigned by the will of the supreme Master. He met his end without weakness and without ostentation. Simple in his life, he was simple in his death. His clear judgment preserved an absolute control over all his thoughts. He analyzed his physical and mental sensations with unparalleled firmness, and yet he betrayed one single fear, that of yielding to what he called the egotism of suffering, of loving less those around him. Alas! he calumniated himself. The exhaustion of vanquished nature seemed to him a proof of the decay of his power of love; he reproached himself with observing that his thoughts were absorbed in the contemplation of his own pain; he feared he was failing in gratitude toward the tutelary angel who never left his couch, and this painful illusion proved what admirable watchfulness he maintained over himself, and how full he was of that charming delicacy of sentiment, the immortal blossom of a soul no less tender than generous. If any proof were wanting of the perfect goodness which directed every act throughout his long illness, the writer of these lines would add, that on taking leave of the illustrious patient, the master from whom he had received so many proofs of kindness said to him, "Adieu, embrace me," and seeing in the eyes of his disciple the sorrow caused by this final separation, he added immediately, "but not for the last time!" Thus did M. Chomel, the victim of cruel sufferings, seek to console his friends in their brief visits to his bedside. He forgot his own tortures in order to spare their sensibilities, and this was done without effort, by the natural disposition of his heart, in the very moment when harassed with pain, and ready to succumb under the last assaults of his disease, he had the undeniable right to complain, and to call for the pity of all who sympathize with human misery.

One single word more of praise, though the subject is far from being exhausted. M. Chomel, in the ardor of his convictions, and of his love for fallen royalty, sacrificed everything to what he considered the accomplishment of a sacred duty. *Etiam si omnes, ego non!* he said to those who were unable to comprehend the inflexibility of his logic. He would accept no middle course; every compromise appeared to him a crime. He never swerved from the path which he had marked out; and if a feeling of hostility was awakened in his heart by an opposite line of conduct, if old friendships appeared for an instant to cool in those conflicts in which it is so difficult to restrain one's self, these clouds did not long disturb the serenity of his soul. Perfected through suffering, appreciating charity the more as he had less need of it himself, he exercised it most abundantly toward his former colleagues of the Faculty. It

is known that those who seemed the most removed from him by their official position, received from him affectionate letters in which he desired most cordially the oblivion of every disagreement.

Thus did the asperities of a warm contest disappear from his soul softened by resignation, and when the fatal moment came, none but sweet and consoling thoughts remained to him. He forgave every one, and asked to be forgiven by all. He united in a common love his family, his friends, his children, his pupils. He exhorted to brotherly love, he prayed for France, for her glory and her happiness; and when death came, in peace with God, with himself and with his neighbor, M. Chomel closed his eyes, and entered upon his eternal rest.

It was on Friday, April 9th, at a little before noon, that this man, the honor of the medical profession of France, died, a perfect model of an accomplished physician, whom the most humble but not the least devoted of his disciples would be glad to resemble, and who offers these imperfect lines in testimony of his respect and of his gratitude.

P. Meniere.

ON THE CURATIVE INFLUENCE OF TARTAR EMETIC, NITRATE OF POTASH, AND THE TINCTURE OF VERATRUM VIRIDE, IN SOME ACUTE DISEASES OF THE RESPIRATORY ORGANS.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

During the past winter and spring months, in hospital and private practice, having treated a number of cases of acute bronchitis, pleurisy, pneumonia, and one of pleuro-pneumonia, complicated with severe bilious derangement, I have thought a few remarks upon the treatment and remedies employed would not prove uninteresting to your readers. While some of these cases were of a severe character, and others of a milder grade, all presented the characteristic physical signs and general symptoms of the different diseases. The same general course of treatment and remedies having been employed, with a successful result, it appears to me that a summary will be preferable to a fatiguing detail of the daily occurrences. In the diseases under consideration, when of a severe grade, the loss of blood, general or local, or both, has been considered by most of the profession indispensable to effect a certain, if not a speedy cure; and while doubtless there are cases in which it would be neither safe nor prudent to dispense with that acknowledged and valuable remedy, judiciously employed, the result in these cases proves the abstraction of blood not to be always absolutely required.

Few are aware of the powerfully curative influence of the con-

tra-stimulant, or Razori plan of treatment, highly appreciated by Laennec and others of repute in the profession, in the treatment of many acute inflammatory diseases; and although the course here pursued may not be considered strictly in accordance with that, it approximates sufficiently to be regarded as allied to it. Was it not for prejudice, or an unnecessary apprehension entertained by many of the profession, of injurious depressing effects, or irritation and inflammation of the mucous membrane of the stomach and bowels, frequently resulting from the free or even moderate use of tartar emetic, or other emetics, I cannot but believe that the positive benefit resulting would be found to far outweigh the real or imaginary evils, and be more frequently resorted to, with advantage to patient and physician. I am far from denying that unpleasant, and even dangerous consequences, may, and do occasionally, ensue from the use of tartar emetic, in large as well as in small doses, for idiosyncrasies can neither always be known nor guarded against; and is it not a fact, that as frequently, or even more so, we have occasion to encounter unlooked-for effects from many of our most valuable and commonly used active remedies? Satisfied, from the recorded experience of many observers, of the intrinsic value of a long tried though powerful remedy, in certain diseases, are we justified in refraining from its use, from the fear of a possible over action or unlooked-for effect.

In the treatment of that confessedly dangerous disease, croup, in its worst form, no small experience of the real benefit to be derived from the anti-inflammatory power of large doses of tartar emetic, conjoined with calomel, and occasionally general bloodletting, has convinced me that by subduing the inflammation, which I maintain always exists, even if complicated with spasm, the tendency to the formation of the false membrane, the most frequent essential cause of death from croup, can be with no little certainty arrested. By adopting a vigorous course of treatment, in the early stage of croup, and not trusting to the mild and inefficient remedies generally recommended, and had recourse to, I feel confident that the operation of tracheotomy would be far less frequently required, and the necessity of having it alluded to as one of the remedies to be employed at an early stage of that disease, which has been seriously proposed, altogether obviated. The advantageous use of the precise combination about to be noticed, in certain stages of croup, must be my apology for this digression.

The following combination of medicines, I have employed for some time, not only in the diseases above stated, but in others, with a success that to my mind fully demands for them a fair hearing. It may not be amiss to remark, that the quantity of each article must necessarily vary and depend upon the age and constitution of each patient, no less than upon the violence of the existing symptoms. ℞. Tart. ant. et potass., gr. iv. ad x.; nit. potass.,

℥ ij. ad iv.; tr. verat. virid., ℥ ss. ad ℥ i.; aq. distil., ℥v. ad ℥viij. M. The dose is from one to four teaspoonfuls, every half hour, or hour, until nausea and vomiting result; and as emesis is in most cases considered necessary and desired, the number of doses must necessarily vary. In some cases I give a tablespoonful every half hour, when wishing to be certain of vomiting. As soon as vomiting has occurred, from two to four hours are allowed to elapse, when the medicine is resumed in the dose of one or two teaspoonfuls, in a tablespoonful of a rich mucilage of gum Arabic, every one or two hours. Emesis having ceased, or often before, a large mustard and cayenne pepper poultice is applied to the breast and abdomen, to be kept on as long as can be endured, for the double object of preventing any contingent spasm or pain, and acting as an active counter-irritant.

The frequency of use of this remedy, and its uniform good results, warrant the belief either that it does effect the objects desired, or that injurious or unpleasant consequences do not as frequently result from the action of emetics, as some appear to imagine. It may not be irrelevant to remark, that during the past two years I have averaged two emetics a day, for the different diseases brought into the hospital, and can truly assert that in no one instance has the slightest inconvenience resulted, but that the good effects in cutting short the beginning of disease, and expediting the recovery, have been certain and palpable. Upon the removal of the mustard and pepper poultice, an equally large one of flaxseed meal is applied, and allowed to remain on as long as may be required by the nature of the disease.

In reference to that not unimportant part of the treatment of all diseases, the diet and drink, in all of the cases under consideration, when first admitted, they consisted solely of an infusion of elm bark containing a good quantity of gum Arabic dissolved in it, and in the few cases requiring more nourishment, rice or corn gruel, or arrowroot, was allowed. Thus far this amount of nourishment has been found ample for all that the system required, nor is it unreasonable to suppose that to a certain extent such has contributed to a speedy cure. If much cough or pain was found to exist, which occurred in most of these cases, a sufficient quantity of the solution or syrup of morphia was added to the medicine when prepared, or most generally on the following day. Unless certain of the condition of the bowels, and if not clearly contra-indicated, a large salt water injection was given during the day, and at bed time one to three modified blue pills, or from ten to fifteen grains of calomel and one or two of ipecac. In many cases, with the pills, or calomel, there was added from ten to fifteen grains of Dover's powder, for the purpose of procuring a good night's rest, a point of no small importance in most diseases. With the happiest result, such was the course pursued, followed in a few days by

perfect convalescence, it being only required to continue the remedy in smaller and less frequently repeated doses, and a slightly-improved diet, more particularly as to quantity. In one case of broncho-pneumonia, in a young woman, the physical signs were materially lessened, or changed for the better, in the course of twenty-four hours, and followed by a quick and perfect recovery.

Proportioning the quantity of each article to the age of the patient, I have found this combination to exercise the most happy influence in certain stages of croup, scarlet fever, measles and rubeola, and in the treatment of the three last this combination has been equal to many of the prominent indications. In a case of bilious pleuro-pneumonia, in addition to the combination freely used for many days, it was necessary to give several large doses of calomel, and many small doses to produce its constitutional effect, to apply wet cups freely to the side and breast, and two large blisters, before any signs of improvement manifested themselves, which continued, and he was discharged perfectly cured.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

May 24th.— *Occlusion of the Uterus. Rupture of the Left Fallopian Tube.* Dr. Warren stated the case.

The patient was a woman 40 years of age, large and fat. About four years since, she had a very severe confinement, and had never menstruated since. For the last nine months, she had been for the most part confined to her bed, and suffering extreme pain. Dr. Buckminster Brown, on examination of the abdomen, found a large, firm tumor, which he at once recognized as the uterus distended by the retained menstrual fluid. When Dr. W. saw her in consultation with Dr. Brown, this tumor was very prominent, standing out in bold relief from the abdomen. Its upper part, toward the sternum, was flat; below, toward the pelvis, round; and in its centre was a deep depression. On examination of the vagina, this canal was found to terminate in a smooth cul-de-sac, and not the slightest mark of the os uteri could be distinguished, nor anything to mark the point of its obliteration; a very slight roughness was to be felt on the vesical side of the vagina. By the rectum, no tumor could at first be found; but by pressing the finger very high up into the pelvis, the point of a firm, solid mass, of a conical shape, could be reached. The patient being in great suffering, it was decided to appoint a day for cutting down at the upper part of the cul-de-sac of the vagina, and attempting to reach the tumor. On the day before the one fixed for the operation, Dr. Brown called on Dr. W. to say that it would be unnecessary, as very shortly after the investigation had been made, a bloody or tarry discharge from the vagina had commenced to flow, and had continued to do so since, being accompanied by forcing uterine pains, and with a great

diminution of the abdominal swelling. Under the circumstances, it was thought best to make an examination with the speculum, on the following day, in order, if necessary, to take the opportunity of enlarging the opening into the uterus. A speculum, being introduced, at once revealed, at the upper part of the vagina, a thin, bladder-like tumor, from which, by a small opening, the tarry fluid exuded more freely when pressure was made on the abdomen. The speculum being withdrawn, the finger at once penetrated the thin partition alluded to, and could be carried for some distance, in a curved direction, toward the right groin, being prevented from passing toward the abdomen by a firm, unyielding tumor, which appeared to be the uterus, firmly distended by fluid. A catheter being passed into the bladder, showed that organ to be forced down into the pelvis, and the finger could easily be passed beyond it. As it was impossible to form any idea as to the nature of things, it was decided to temporize, especially as the discharge continued, and the patient was getting ease. In the mean time, it should be stated that the right lobe of the abdominal tumor had disappeared. The patient suffered no inconvenience or pain from the examination, which was a slight one.

The following day, suddenly, she was seized with a violent pain in the abdomen. Dr. Brown being called, at once detected the signs of high peritoneal irritation, which continued for about two days, when the patient died.

An examination explained the mystery. The right lobe of the tumor had been formed by the uterus, which had emptied itself through the vagina. The left lobe consisted of the left Fallopian tube, enormously distended into a very delicate sac, by the retained menstrual fluid. There was no communication between the Fallopian tube and the uterus; and the former had ruptured and discharged its contents into the abdominal cavity, causing death. This tumor it was which was felt through the walls of the vagina and uterus, which had been forced over into the right groin, and caused the difficulty in the diagnosis. The cavity of the uterus was continuous with the vagina, the os uteri being obliterated. Dr. W. said that in one or two other cases of occlusion of the vagina which he had reported to this Society, both Fallopian tubes, in a distended state, could be felt, lying on the uterus, but were completely emptied by the operation at the same time with the uterus.

May 24th.—*Fracture of the base of the Skull, and Rupture of the opposite side of the Brain.*

Dr. Warren said that a woman had been brought into the Hospital the week before, May 18th, and had died after a few days, with the following very deceptive symptoms. She was reaching out of a third-story window, when she lost her balance, fell first on a shed and from thence into the street. She was taken up insensible; she however soon recovered herself sufficiently to speak, though incoherently, and was supposed to be under the effects of opium, which she was in the habit of taking freely, and a large bit of which was found in her pocket. When brought into the Hospital, a wound was discovered over the right parietal bone, but the finger being passed in could detect no fracture. The head was carefully examined in every direction, but no fracture could be found. The patient exhibited signs of concussion, but none of compression, of the brain. There was no vomit-

ing, no dilatation of the pupils, no bleeding from the ear—denoting fracture in that direction. She was uneasy, restless, like a person under the influence of spirit, to which, and opium, her symptoms were mainly attributed. She gradually improved, and on the third day got out of bed, to search the drawer of the table for opium which had been taken out of her pocket. On the day when she seemed much better, and answered the questions of the nurse coherently, a friend made her a visit, and brought her a bit of opium. The same night she suddenly died.

At first it was very naturally supposed that the opium which she had taken was the cause of the sudden change in her symptoms, but the *post-mortem* examination, made by Dr. Ellis, revealed the following very severe injuries of the skull and brain.

An extensive fracture was found at the base of the skull on the right side, passing behind the auditory foramen, and into the foramen magnum; this being met by another fracture at right angles to it. On raising the dura mater from the opposite side of the brain, a layer of blood was found spread over the whole of it, and the middle lobe of the cerebrum was most extensively lacerated.

In this case, nearly all the symptoms seemed to be explicable by supposing concussion combined with a state of delirium tremens, caused by the constant use of narcotics; and without an examination after death, the fatal termination would have been attributed to this cause, brought on in the system by the shock from the fall, and assisted by the dose of opium given to her that morning.

May 24th.—*Softening of the Brain; Absence of many of the usual symptoms of such lesion; Angina Pectoris; Disease of the Coronary Arteries.* Dr. Ainsworth related the case.

The patient was a gentleman about 55 years of age, who had been for many years engaged in active business, from which he was obliged to retire about two years before his death, on account of severe and repeated attacks of angina pectoris: with this exception, his health was good. The habit of body was full and florid, and the temper and disposition amiable. About nine months before his death he had paralysis of the facial nerve on one side, from which he recovered. About six months before that event, his gait became uncertain and faltering: at the same time his disposition became exceedingly irritable; though I cannot learn that any of his faculties were impaired. The attacks of angina pectoris increased in frequency, and he died apparently in a paroxysm of that disease.

On removing the calvarium, a large cavity was seen occupying about half the right anterior lobe of the cerebrum; the pia mater and arachnoid were adherent to the walls of this depression, the bottom of which was formed by the layer of white substance which makes the wall of the lateral ventricle. There was no appearance of old apoplectic centres, the surrounding cerebral substance being of healthy color and consistence: the optic thalamus of the right side was considerably softened at its centre; the brain was otherwise healthy. Both coronary arteries were obstructed by a deposit of ætheromatous matter about an inch from the aorta; the heart was in other respects healthy. No other organs were found diseased.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 8, 1858.

THE PROFESSION AND HOMŒOPATHY.

It is not because we are in love with this subject, that we again take it up in our editorial pages—the contrary, rather, is the case—the topic is nauseous in all its aspects and relations. It is only because we honestly believe that a great principle is involved in our day, by the attitude into which the peculiar species of quackery termed Homœopathy has been brought relatively to the science of Medicine, that we continue to consider it.

Differing opinions have found expression through the medium of this Journal, from professional friends whom we truly honor and esteem ; and the discussion has been conducted upon the most courteous and pleasant footing. Our own views have undergone not the slightest alteration since our first article of this tenor (March 11th, 1858), except it be that we feel more strongly than ever how much the younger members of our profession must suffer, if the public be given to understand that homœopathists are met by us in any way whereby it shall be interpreted that we recognize them as our peers in medicine.

This phase of the question may not—we would say *cannot*—according to present indications, present itself clearly to such gentlemen of our order as see no obstacle to holding consultations with homœopathists. But, to allow the latter practice to prevail, and have the sanction of the wise and good and revered of the legitimate profession, is a suicidal act whose consequences will recoil on the young and middle-aged amongst us, and on our successors indefinitely.

It is, we confess, refreshing to us to read of the manly and strictly honorable course pursued in this matter, by the profession abroad. In Great Britain, it would seem that the sentiment and feeling are unanimous as to the bearing which should be maintained by true physicians toward charlatans of every grade. Of late, by a coincidence worth remarking, the *Lancet* and certain other British medical periodicals have boldly declared their sentiments upon holding consultations of any description with homœopathists. For ourselves, we are constrained to adopt to the full extent the strong and noble language used by the *Lancet*. Why, it may pertinently be asked, should honest and regular physicians hold any parley, whatever, in this matter ? What have we in common with homœopathists as regards our medical belief and practice ? Nothing—so far as we are aware. What motive, then, can properly be pleaded for extending the slightest encouragement to men whose every aim is to supplant us ; and, worse than all, who nearly always endeavor to effect their ends by false pretences ? It is very much like warming vipers in our bosoms, who will sting us to death, if they can, without the slightest compunction. It is true, we believe that the time will come, and that before long, when this false system will expose itself still more completely than has hitherto been

the case—but no favor ought, for a moment, to be shown to the upholders thereof, in any manner, or by any honest man.

In this connection we again take pleasure in referring to the admirable little work just issued from this office, entitled "Quackery Unmasked." Dr. King, of Taunton, in this State, its author, has clearly and tersely set forth the different forms of that Protean evil which overruns our land, and to which many of "the ills which flesh is heir to" may unquestionably be traced. We are the more gratified again to use terms of high commendation in speaking of the work, from having seen a flippant and consequential criticism—if indeed the notice deserve that name—in a late number of the *Boston Journal*—of the 25th inst., we believe. The tone of the few lines there vouchsafed us, is, indeed, altogether beneath the author's or our own notice—and we merely mention them to show how common it has become for every petty scribbler to talk pompously about things out of his province. When, as in this case, one of the tribe presumes to charge a highly intelligent physician, of long and varied experience, much acumen, and no little literary ability, "with a great want of minute and exact information concerning the topic of which he professes to treat," and asserts, also, that he is "hasty" and "superficial," we are inclined to laugh rather than be indignant. We do not hesitate to say that any person, professional or lay, who will read Dr. King's book, will not only pronounce a different verdict from the prejudiced one referred to, but will be entertained by the pleasing, quaint style natural to the writer, and instructed by his communications. The book is eminently one which may advantageously be read at large in the community. An impartial judgment from the public would easily set aside the half-patronizing, half-sneering estimate of the daily journal quoted.

A large part of Dr. King's book is devoted to the examination of homœopathy, which just now takes the lead of the motley array of quackery—marching somewhat in advance of, but still in company with the adherents of so-called Indian Medicine, Mesmerism, Spiritual "healing mediums," &c. &c. We think his *exposé* of the system at once just, clear and convincing.

We referred to the statements of the *Lancet*, and to the thorough condemnation which all connivance with homœopathy meets with in Great Britain. A few extracts from the above-mentioned journal will prove our assertions. The chief thing which has lately brought the question of consultation, by regular physicians and surgeons with homœopathists, into discussion in England, is an instance in which Mr. Fergusson, the distinguished surgeon, was called upon to see a patient afflicted both with retention of urine and an homœopathic medical attendant. Now we are prepared at once to say that a surgical case of this nature has quite a different aspect and quite other requirements than a purely medical one has; and if, as is most probably nearly always true, the homœopathic practitioner does not know how to pass a catheter, some competent man must be sent for. It is very different, however, in medical cases. With regard to Mr. Fergusson, it seems much indignation had been expressed, because it was apprehended that he had countenanced homœopathic pretence by his presence and aid. In order, however, to clear himself from such an unfounded aspersion, Mr. Fergusson says, in the *Lancet* of May 8th,

1858, "I accompanied Dr. Bell to Lincolnshire, on the 26th of February last, to see an urgent surgical case. I have not seen the patient since. I do not consult with homœopaths; and I am not, and never have been, in attendance on a Noble Duke in conjunction with a homœopath. I have no faith in homœopathy. I give no encouragement to homœopaths to consult me. I never refuse my surgical assistance when it is called for in any urgent or important case; and were a fatal result to arise from any neglect of mine, I should consider my conduct unjustifiable."

Such surgical assistance can in no wise be termed *consultation* with homœopathists. The surgeon's duty in similar cases is clear. It is very different where a plea of surgical interference is set up when the surgeon thereby advises, continues in attendance, and goes hand in hand with the homœopathic practitioner. Compare such a course with Mr. Fergusson's manly, honorable and straight-forward one—the lesson is worth the reading.

And in this connection the comments of the *Lancet* of May 15th, 1858, are pertinent:—

"The profession will of course rejoice to hear this disavowal of any co-operation with charlatanry from Mr. Fergusson. We agree with him that when a surgeon is called upon for his assistance in an urgent case, he is bound to give it, *pro hac vice*, even if he knew a charlatan to be in attendance. Humane consideration for the ignorance or folly of the sufferer will dictate to the surgeon the propriety of aiding him in his extremity. But there his duty begins and ends. He must not refuse to listen to the call of a sick man; nor must he go one step beyond this obvious duty. No deference to the station of the patient, no appeal from the patient's friends, no circumstances ought to induce the surgeon for one moment to lend his countenance, actively or passively, really or ostensibly, to the sanction of what he believes to be imposture and fraud. When he has ministered to the relief of the patient, he should retire unless the quack be dismissed, for should he remain, if only to look on, and thus far participate in the treatment which is dictated by an associated charlatan, from that moment he is imperilling his own character; he is guilty of treason to his profession; he is an accomplice in the iniquity of cheating a credulous sick man; he is bolstering up a lie and a fraud, by giving it the semblance of the countenance of science."

"We are further of opinion that in no case can a medical practitioner be fairly expected to meet a charlatan in deliberate consultation. Such a proceeding is so obviously a farce, insulting to the medical practitioner, and utterly fruitless of good to the patient, that nothing short of a combination of dishonesty on the one part, and of fatuity on the other, can ever bring such a disgraceful absurdity into action."

And a little farther on, we have the following remarks from the same source, and which we most heartily endorse.

"Our brethren in all parts of the kingdom have indeed shown an admirable *esprit de corps* in questions of this kind. They are entitled to a reciprocation of the like sentiments from their metropolitan brethren. There must be no dallying, no trifling in a matter that now touches the most vital interests of the profession and the cause of science. Every medical society, every body in which medical practitioners are associated, ought to pass resolutions binding its members in no way to countenance homœopathic, mesmeric, or any other form of quackery; but to repudiate it utterly and for ever. Such resolutions would be strictly Hippocratic in spirit; they would be in perfect harmony with the oaths and pledges given on accepting the diplomas of the Colleges; they are now necessary for the purpose of clearly defining the duties of honorable practitioners of medicine towards themselves, their profession, and the public. With these duties couched in unequivocal language, and emphatically recognized by every one throughout

all ranks of the profession, the honor and dignity of Medicine will be vindicated; each member will feel, that, in acting up to this spirit, he is supported by the active sympathy of his brethren; and the man who transgresses will feel that he has placed an impassable barrier between himself and the profession he has betrayed.

"We say again, that the hour has come when every man who claims to be one of us must choose his path. It is clear and straight before him:

"Sunt certi denique fines,
Quos ultra citraque nequit consistere rectum."

"The proverb tells us that we may judge of a man by his companions. He who herds with quacks—he who stoops to pick up a dirty fee proffered in consultation with a homœopath—accepts a bribe to betray his brethren, and forfeits all claim to professional, and, we will add, to public respect. Such men the profession will despise and cast out from amongst them."

In the same number of the *Lancet*, Mr. John Lizars, of Edinburgh, referring to the case in which Mr. Fergusson was implicated, writes as follows:—

"I have myself been frequently called into surgical cases, in which I operated, although I knew that the patient had been under homœopathic treatment, but the homœopaths themselves I have never met, nor had ever any dealings with."

In a subsequent number of the *Lancet*, we find certain rules bearing on this question of consultation, which were adopted by the Manchester Medico-Ethical Association, ten years since. Two of these we reprint. "No member shall practise, professedly or exclusively, homœopathy, hydropathy or mesmerism." The other is from their "Code of Etiquette":—"No member shall meet in consultation any medical practitioner who may be inadmissible, by the operation of the by-laws, section 1, as a member of this Association."

Still more strong is the language of two resolutions passed on the 21st of May, at a meeting of the South Midland Branch of the British Medical Association, viz.:

"*Resolved*, That so long as a system has no higher philosophy than the jargon of '*similia similibus curantur*,' nor sounder chemistry than the delusion of 'infinite dynamization,' it is degrading to a man of education to be connected with it. He, therefore, who consents to consultation with homœopaths, be they impostors or dupes, forfeits the respect of his professional brethren and his membership of this branch of the British Medical Association.

"*Resolved*, That it is the opinion of this meeting that no honorable man, whether physician or surgeon, can meet in consultation a homœopathic practitioner, or, as such, act in conjunction with him."

The extracts which we have made show the intensity of the feeling universally manifested in Great Britain upon this subject. We think it is rightfully shown and courageously expressed; and we regret to add that the proceedings of the medical societies we have cited, stand in marked and creditable contrast to the lukewarmness manifested by similar associations in this country. Nowhere, surely, is there more crying need of stringent action than among ourselves; and gladly would we recal, were we able, any discussion which ever attained an effective result in our own medical societies, either District or State. The last time the matter was brought before the Suffolk District Society, it afforded a theme for a little drowsy conversation and feeble pleasantry—enough, in view of the importance of the question to the interests of all true physicians, to sicken the latter with our inefficiency in action, and discourage the large class of honest, industrious,

ill-requited laborers in our medical field. Cannot a different spirit prevail—and should not the consciousness that our rights are violated, stimulate us to seek and apply the remedy ?

PHYSICIANS' PRESCRIPTIONS.

We wish to call attention to the resolution appended below, which was adopted at the sixth annual meeting of the American Pharmaceutical Association, lately held in Philadelphia. Carelessness in writing prescriptions is extremely common, as any one can be convinced in looking over the files of autographic scrawls in the druggists' shops. Some of them are quite illegible to all but the most practised experts ; many are written upon such little scraps of paper that there is no room for all the characters without much crowding, and in comparatively few is the handwriting neat and legible, and the abbreviations only such as are clearly understood. It is really wonderful that so few mistakes occur from the inability of the apothecary to read the directions of the physician. We are glad the Association has made this appeal to us, and we trust it will not be suffered to pass unheeded. The resolution was offered by Prof. Proctor, and was adopted after a spirited discussion.

" *Whereas*, The dispensing of medicines on the extemporaneous prescription of physicians is the most important of the duties of the pharmaceutist, involving a large amount of ready knowledge and skill, and as the demand for this knowledge is very frequently required at a moment's notice, when delay might seriously retard the recovery of the patient and impair the usefulness of the physician, and as the feeling of responsibility, at all times great, becomes often oppressively burdensome through the careless manner in which prescriptions are frequently written, and their quantities symbolized, it is hereby

" *Resolved*, That this Association, speaking for the pharmaceutical profession of the United States, do most respectfully and earnestly desire that the grave importance of this deficiency, and the many evils which arise out of it in the dispensing of medicines, will claim anew the action of the Medical Societies of the United States, with a view to influencing those of their members to whom the charge applies; and while fully aware of the numerous imperfections which appertain to our own practices and practitioners, and which we are striving to overcome, we believe that the co-operation of physicians in the manner suggested will greatly aid our endeavors."

PUBLIC HYGIENE.

Boston has the cleanest streets of any city in the Union, we believe ; vaccination is attended to with care by the City Physician, and hence smallpox is almost unknown here ; our sewerage is, on the whole, excellent ; in short, the City Authorities appear to have a very tolerable idea of the inevitable connection between filth and epidemic disease. Why, then, is the nuisance which has disgusted the inhabitants of Charles street and its vicinity, allowed to continue, carrying disease with every current of air into all the dwellings in the neighborhood ? We allude to the deposits of rotten fruit, mud from cesspools, and other filth with which the space between the rear of the street and the sea-wall is now being filled up. Let any one who wishes to investigate this abominable nuisance walk through Charles street, especially when the tide is not high, and his nostrils will be saluted by a strong current of sulphuretted hydrogen ; if this does not satisfy him, let him walk down to the wharf, south of Revere street, and he

will see what kind of soil the new land is to be made of. Many residents in Charles street are compelled to close their windows during the hot nights, to keep out the stench, and we have been obliged to enjoin the same precaution to several of our patients. Complaint has already been made to the proper authorities, but as yet there is no abatement of the nuisance. We earnestly hope that the Superintendent of Health will give his serious attention to the matter.

Arsenic in Paper-Hangings.—A good deal has been said of late about the danger of inhaling the air in rooms whose walls are covered with paper-hangings containing arsenic, and some cases have been reported in the daily papers of persons who have been made ill from that cause. A series of experiments has been made by Mr. Dugald Cambell, and another by Mr. F. A. Abel, Director of the Chemical Establishment of the War Department, which are fully detailed in the *London Pharmaceutical Journal.* The latter gentleman experimented upon unglazed paper, the colored portions of which were found to have on their surface two tenths of a grain of arsenic per square inch. The experiments were made in the most careful manner, and varied in every possible way, but not a trace of arsenic could be detected in the air drawn from the room, or from a tube filled with slips of the paper, and heated. Mr. Abel thinks that the possibility of injurious consequences resulting from the employment of paper-hangings colored with arsenical pigments has been disproved, and that the symptoms ascribed to this cause must have been accidental.

Maine Medical Association.—The annual meeting of this Association was held at Portland, June 2d and 3d. The address was delivered by Dr. Gilman Daveis, after which the Association partook of a "bounteous repast," given by the Portland Medical Association. A committee appointed to consider the expediency of establishing a medical journal reported, through Dr. Fessenden, of Lewiston, adversely to such an undertaking, but recommended the members to sustain a new journal (*The Maine Medical and Surgical Journal*) established by two gentlemen connected with the Association. The next meeting of the Association will be held at Waterville, on the first Wednesday of June next.

Diphtheritis.—This disease, which is of rare occurrence amongst us, has lately been very prevalent in several parts of England, and also in France. In the town of Bradwell, upwards of 400 cases were attended by one practitioner in three months, and it proved fatal in eight cases out of twenty-one. Dr. Farr, the Registrar-General of England, has published an excellent summary of the history of the disease. He thinks that, like Asiatic cholera, it is probably only a more intense form of an old disease, and one which deserves close attention, on account of the increasing density of the population, the intimate connection between England and every unhealthy climate in the world, and the slow progress of sanitary improvement.

Dr. Brown-Séquard's Journal of Physiology.—The second number of this highly interesting and valuable periodical has just reached us. It is in all respects worthy of its eminent editor, from whose pen there are several articles.

Berkshire Medical Institution.—The thirty-eighth Annual Circular of the Berkshire Medical Institution announces that the lecture term will commence on the first Thursday in August, and will continue sixteen weeks. The introductory lecture will be delivered by Professor Styles. The Summer Reading Term commenced on the first Thursday in June, and will continue until the commencement of the Lecture Term. It will be devoted to recitations and familiar lectures on the several branches, with theses from the class. The Faculty consists of Drs. Henry M. Childs, Prof. of the Principles and Practice of Medicine; E. K. Sanborn, Surgery; Timothy Childs, Anatomy; Henry M. Seely, Chemistry and Toxicology; R. Cresson Stiles, Physiology and Pathology; Fytch Edward Oliver, Materia Medica, Obstetrics and Medical Jurisprudence.

The American Pharmaceutical Association will meet in the city of Washington on the 14th of September next. The subjects of domestic adulteration of drugs and the revision of the Pharmacopœia are to be acted upon by the Association. The Committee upon Home Adulterations request, in the mean time, information from all who are interested in the subject and can furnish *facts* in regard to it. Physicians as well as apothecaries are appealed to for this information, which may be addressed to the chairman of the Committee, C. B. Guthrie, 88 John street, New York city. Mr. C. T. Carney, apothecary, 138 Washington street, Boston, is also one of the Committee.

The New Hampshire Medical Society held its Annual Meeting at Concord on the 1st ult., Dr. Geo. B. Twitchell presiding. Fourteen new members were admitted. An address was read by the President; a report on Surgery was read by Dr. Smalley, and one on Practical Medicine by Dr. W. H. Thayer. Other reports and papers were likewise presented, which, with discussions upon professional subjects, the choice of officers, &c., occupied the Society till the middle of the second day.

New York Eye Infirmary.—The directors of this Institution gratefully acknowledge the receipt of $5000, being a legacy from the late Jasper Grosvenor, Esq.; also, the following donations: William C. Rhielander, $250; Amos Morss, $100; W. R. Vermilye, $50; E. H. Owen, $50; B. F. Wheelwright, $50. The New York Eye Infirmary, the first institution of the kind established in this country, was founded in 1820, since which time it has afforded relief to more than 60,000 poor persons suffering from various diseases of the eye and ear. By the liberality of the State, and a few benevolent individuals of this city, the present substantial and commodious edifice, on the corner of Second avenue and Thirteenth street, was erected some three years since. The liberality of the late Mr. Grosvenor has relieved the institution from debt, but the Directors regret to say that their present income ($1,000 from the State and $5,000 from the City Corporation) is altogether inadequate to the wants of the institution.—*New York Times.*

Dr. Godfrey, of the Savannah (Geo.) Medical College, reports several cases of delirium tremens successfully treated by the Cannabis Indica.

Health of the City.—As usual, at this season, there is a clean bill of health for the past week, although there were a few more deaths than in the same week in 1857, especially from consumption, which counts 18 victims. We noticed three deaths from puerperal diseases, and 1 each from scarlatina, pneumonia and congestion of the lungs. The number of deaths during the corresponding week of 1857 was 42, of which 8 were from consumption, 4 from scarlatina, and 3 from puerperal fever.

Communications Received.—Excerpts from the Records of the Middlesex East District Medical Society.

Deaths in Boston for the week ending Saturday noon, July 3d, 53. Males, 26—Females, 27.—Accident, 1—cancer (in the bowels), 1—consumption, 18—convulsions, 2—croup, 1—dysentery, 1—dropsy, 1—dropsy in the head, 2—drowned, 2—infantile diseases, 2—puerperal, 3—erysipelas, 1—scarlet fever, 1—gangrene, 1—intemperance, 1—inflammation of the lungs, 1—congestion of the lungs, 1—marasmus, 3—scrofula, 1—suicide, 2—sunstroke, 1—teething, 1—tumor (abdominal) 1—unknown, 1—whooping cough, 3.

Under 5 years, 19—between 5 and 20 years, 9—between 20 and 40 years, 11—between 40 and 60 years, 12—above 60 years, 2. Born in the United States, 37—Ireland, 12—other places, 4.

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DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER IN GREAT BRITAIN, DRAWN FROM ORIGINAL OBSERVATIONS.

[Continued from page 440.]

It is proposed, in the present paper, to consider briefly the origin, nature and essential characteristics of the fever of Great Britain, the results mainly of personal observation, and analysis and comparison of cases in hospital, aided by such facts and illustrations as it was in my power to make available, from whatever reliable sources, during the necessarily limited period of these investigations.

In London, as elsewhere, this is peculiarly the disease of poverty, deprivation and misery. Its origin is in the close, contracted, sunless quarters of the metropolis; its subjects the houseless poor and the ill-befriended emigrant. Its chosen *habitat* is in parish infirmaries and workhouses—in districts crowded with masses of human beings, comfortless, destitute and stifled in bad air; and in these abodes of want and wretchedness, amid filth and garbage, ill-drained, precluded from light and reeking with dampness and noisome effluvia, the fever, if not engendered, flourishes and spreads rapidly. It is from the precincts of Holborn and Bermondsey and Bloomsbury—from Lambeth and St. Margaret's—the parishes of St. Giles and St. George's, from Gray's Inn Lane, and the courts and alleys of Old Drury, that the wards of the London Fever Hospital are filled.

Instances are abundantly on record, also, where the fever has prevailed extensively in individual localities and particular buildings. The Ragged School Asylum and Dormitory in Field Lane, Holborn, is a case in point. This, though intended as a generous charity, became, from its ill-drainage and sadly-deficient system of ventilation, a prolific nursery of typhus. No fewer than 130 cases of the fever were sent to the hospital, from this establishment alone, during the prevalence of a local epidemic in 1852. The Superintendent of the institution and several attendants died of the disease. In a previous year, some 130 patients were received into the London Fever Hospital from a single other establish-

ment, viz., the Marlborough House, Peckham, the Union workhouse of the city.*

The common lodging houses, which abound in the infected districts, where a multitude of families are crowded together under the same roof—three or four households being, not infrequently, allotted to a single room, are perfect nests and nurseries of fever.†

In company with the chief of the detective police, I visited one of the most noted of these fever localities in London. A sketch from nature may not be inappropriate in this connection, and will serve to impress the facts above stated. The visit was made at night. A drive of a mile or two from Charing-cross took us into an ill-lighted, irregular-shaped court, in the midst of a densely populated portion of the city. The place was badly paved; the ground was uneven, and the whole region redolent of filth. From this court, as from a centre, crooked and narrow streets straggled out into the darkness. Down one of these we plunged, taking the middle of the way, which was also the gutter. Coming abruptly to what appeared to be the end of a *cul de sac*, we descended some steps and stooped beneath the archway of a portal. This was the entrance to one of the poorest of the cheap lodging houses of London—the temporary shelter of the most wretched and destitute wanderer, where, for a penny ha'penny a head, a bed and a roof is furnished for the night. The detective knocked authoritatively at a side door, which, in a few moments, was unbolted and thrown open. A most villainous stench was our greeting. The floor of this room was several feet lower than the level of the street, so that drainage was out of the question. We entered without ceremony, and saw, by the light of a lamp suspended from the ceiling, the limits of an irregularly square room, some fifteen by sixteen feet measurement on the floor, by scarcely six feet in height. The inmates, twenty-two in number, were sleeping when we entered. One or two of them started up—gazed vacantly at us for a moment, and immediately sunk back drunk with sleep and the narcotism of the foul air. They lay in groups, in all attitudes, in beds and upon the floor—men, women and children promiscuously. I observed four men in one bed, muscular and brawny sub-

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* It would appear, from the patients' own account of this establishment, that it is the most easily accessible asylum for the destitute in or near the metropolis; it is, therefore, filled to excess every night; but, on particular occasions, as at the termination of the harvest and hopping seasons, commonly fifty, and sometimes, it is stated, a hundred, men are crowded into a room 33 feet 9 inches long by 20 feet wide, and 7 feet pitch in the centre—the roof sloping from the middle to the side, at which part the ceiling is described as being not more than two feet high. It is under this shallow portion that the men's heads are placed. The room is closed at night. There are only two small apertures for windows, about 18 inches square, so that the whole of this dormitory does not afford a larger bulk of air for respiration than is appropriated, in the wards of the Hospital, to three patients.—*London Fever Hospital Report*, 1846.

† By far the largest number of patients, the past year, have been received from the Holborn district. No fewer than 211 have come from the courts and alleys on the eastern side of Gray's Inn Lane; such as Tyndall's buildings, Pheasants court, &c. In the whole of this locality, over crowding has been carried to such an excess that commonly three or four families occupy a single room, into which it is no unusual thing for twenty persons to be huddled together.—*Lond. Fev. Hosp. Rep.*, 1852.

jects, having only a single sheet, which served, the time being, both shirt and covering for them all. Upon a mattrass hard by, lay two men and one woman, in a similar state of *deshabille.* Then came half a dozen boys, closely packed in a row upon the floor. Young girls and little children, with tattered and scanty garments, occupied every inch of space that was left. All were slumbering heavily. On lines of ropes, crossing and re-crossing each other and attached to hooks in the walls, were suspended the ragged, still crawling garments of the sleepers. It was not a place for long tarrying. The atmosphere of the room seemed, in the hot night, the very condensation of pestilential foulness. In the few moments of our stay it made an impression, not on the senses only, but upon the brain, the effect of which was perceptible the next morning in an intense headache and vertigo, which lasted for most of the day. How beasts, much more human beings, can endure a night of it, is a mystery. I have visited the crowded between-decks of an emigrant ship, on its arrival after a long voyage, and only there have found a parallel. Can we wonder that disease, in its most aggravated form, comes forth from such dens as these? Philanthropy and sanitary laws, it is true, have done much in England of late years to mitigate these evils; but much, very much, remains to be accomplished.*

Thus much as to the origin and chosen *locale* of the disease. Once engendered, under such circumstances, it is eminently infectious and contagious. If proof of this were wanting, after what has already been said, it may be found in the melancholy records of mortality among the physicians, medical attendants and nurses, who have come much in contact with the fever in private or in public. I was informed on high authority, in Dublin, that, in the epidemic of 1847–48, one out of fourteen of all the physicians in Ireland were victims of the disease. In the London Fever Hospital, Dr. Sankey the resident medical officer, and most of the attendants and nurses of that establishment, have, first and last, been down with the fever. In 1847, six of the official inmates were the subjects of it, two of whom died. And in 1843, when the Hospital was greatly crowded with patients, the number of the residents, attendants and others, seized with fever, was twenty-nine, being in the proportion of one inmate to 52½ patients.†

* "I went to the house of some children," says Dr. Jenner, "in a court leading out of Gt. Gower St. It was a wretched abode. The house was dark, filthy and offensive. The people begged me to speak to 'somebody,' that its condition might be seen into; that the landlord might be compelled to whitewash the dingy walls, and cleanse the offensive sewers. I found that death had visited their house. The youngest child had died of brain fever with severe diarrhœa, and another child had suffered from fever, during which blood had passed in great quantity from the bowels. Surely, while England tolerates the existence of these nurseries of disease, it is a mockery—a very cant—to appoint days of national fasting and humiliation, in the hope of staying the progress of epidemic scourges. As well might the drunkard, indulging in gin daily, pray God to spare him the miseries of diseased liver and its attendant dropsy.—*Dr. Jenner on Typhus, Typhoid and Relapsing Fever.*

† See the Reports of the Hospital for those years.

In our own country, the general statement also holds true. It was strikingly exemplified in the

A large proportion of the cases admitted to the hospital, can be traced directly to this source. It is mentioned, in the Report for 1846, that it is certain the fever was prevailing in the houses and localities from which the patients were taken, in no less than 82 instances (out of the 477 admitted), and, it is further stated, that this was undoubtedly the case in many more than could be definitely ascertained, from the patients themselves, because some were too ill, others too unobservant to give a correct account of the circumstances connected with their attack. In 1847, also, 256 of the patients affirmed, on their admission, that fever was prevalent in the dwellings, and in the neighborhood, from which they came. Instances, too, are of common occurrence where, from a single case, the disease has extended through a family or whole household. Some striking illustrations of this fact are to be found in the Hospital Records. In 1846, a man died of fever after a few days' illness. Three of the mourners, who attended his funeral, were seized with fever and brought to the hospital, where, after a severe illness, they recovered. The wife of the man who died had been also attacked; she resolutely refused to leave her house, and died. Two other persons, residing in the same house, were next seized, and were brought to the hospital on the first or second day of their illness; after a severe struggle they were saved. In another instance, nine members of a family were seized with the fever, in its severest form, in quick succession. Four of these were received into the hospital, and five remained in their own house. Of the five who remained at home, four died; and of the four admitted to the wards, two were dismissed cured and two died.*

And yet the disease should not be held as contagious in the same sense that smallpox is contagious, i. e., that it is invariably and virulently so. Certainly the sphere of action is more limited —the communication of the poison more dependent on circumstances—and the morbific influence more within the control of sanitary laws and regulations, than in the usual zymotic or so-called contagious maladies. It may be stated as a general rule, that the contagion, to be effectual, must be concentrated by the crowding together of patients—or accumulated and aggravated in ill-ventilated and pent-up rooms—or stimulated by the conjunction of other unfavorable hygienic conditions, ill drainage, filth, effluvia,

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prevalence of the fever, at Philadelphia, described by Dr. Gerhard in 1836. At the Emigrant and Marine Hospital in New York, many of the medical staff, including three incumbents of the post of health officer, at Staten Island, in succession, have died of it. At South Boston, the Superintendent of the House of Industry, and great numbers of the assistants and nurses, fell victims to their faithfulness in duty during the epidemic of 1847–48; while, at Deer Island, out of thirty-two physicians, medical attendants and nurses, but two (of whom the writer was one) escaped the disease.

* These facts are also interesting in a collateral way, as showing the benefit of hospital care and treatment, in the ordinary subjects of typhus, over the attentions they receive in their own homes.

&c. &c.;* or the recipient have been previously subjected to the predisposing causes by deprivation, hardships and want, excesses, anxiety, fear, despondency, mental and physical exhaustion or debility from any cause, till his system has been brought to a point below the powers of resistance.†

It follows that immunity from the reception of contagion in the exposed, and from an aggravation of horrors on the part of the sick, is to be gained, as far as possible, by a strict observance of the well-known maxims of hygiene—first and foremost among which, is the possession of a stout heart and a sufficiency of the light and air of heaven.‡ Hence, an explanation of the fact that, in the outbreak of the fever in 1847, when sheds and shanties open to the elements were of necessity used, in Dublin and elsewhere, both patients and attendants fared the better.§

As is well known, the disease is often epidemic, prevailing extensively, as already stated, in some districts, towns and localities, while absent in others; and raging and overspreading the country in certain seasons and years. These last are heralded mostly by some wide-spread calamity, involving misery and suffering and general want. At such times, multitudes of the most destitute flock to the metropolis and the other great cities of the realm, in search of food and employment, carrying with them a predisposition to the fever—stopping for shelter in the filthiest and most wretched abodes, sowing therein the seeds of disease, and, then, speedily finding their own way into the hospitals to die. In the

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* Five persons were seized with fever immediately after the opening of a foul drain in Chapel street, St. George's in the East, three of whom were admitted into the Hospital on the same day, one on the day following, and one two days afterward.—*Lond. Fev. Hosp. Report*, 1848.

† I am aware there are many apparent exceptions to this rule. Instances are on record, some of which have occurred in the experience of the writer, where persons exposed to isolated cases have received the contagion; or, being subjected to a particularly aggravated phase of the fever, have been stricken down suddenly as with a blow, though previously in good health.

‡ The Government of the London Fever Hospital have, with a commendable philanthropy, published and disseminated the following *Rules*, to be observed in the apartments of those who are confined by the fever:—

"I. It is of the utmost importance to the sick, and their attendants, that there be a constant admission of *fresh* air into the room, and especially about the patient's bed. The door or a window should, therefore, be kept open both day and night, care being taken to prevent the wind from blowing directly on the patient.

"II. Attention to *cleanliness* is indispensable. The linen of the patient should be often changed; and the dirty clothes, &c., immediately put into fresh cold water, and afterward well washed. The floor of the room must be cleansed every day with a mop, and all discharges from the patient immediately removed, and the utensils washed.

"III. Nurses and attendants ought to endeavor to avoid the patient's breath, and the vapor from the discharges; or, when that cannot be done, they should hold their breath for a short time. They should place themselves, if possible, on that side of the bed from which the current of air comes and carries off the infectious vapors.

"IV. Visitors must not go near to the sick, nor remain with them longer than is absolutely necessary; they should not swallow their spittle, but clear the mouth and nostrils when they leave the room.

"V. No dependence must be placed on vinegar, camphor, or other supposed preventives; which, without attention to *cleanliness* and admission of *fresh air*, are not only useless, but, by their strong smell, render it impossible to perceive when the room is filled with bad air or noxious vapors."

§ This fact early commanded attention at all the points where, in this epidemic, the fever was poured upon our shores. It was eminently manifested at South Boston and at Staten Island, N. Y. And it was not till the patients were placed in the wards of the palatial, but badly-contrived and ill-ventilated hospital on Deer Island, that the ratio of mortality became marked, and a greater number of attendants and nurses, in proportion to the sick, were attacked with the fever.

famine year of 1847, the fever was thus engendered and disseminated to a frightful extent. The baleful influence extended into the following, and, conjoined with the cholera, even the next succeeding year.* This may be called the great epidemic triad of modern times. It was then that the flood overflowed its natural bounds and poured its surplus waves of fever for the first time upon the shores of the New World.

DEATH AFTER INTEMPERATE DRINKING.

BY CHARLES H. LOTHROP, M.D., TAUNTON, MS.

[Communicated for the Boston Medical and Surgical Journal.]

Mr. S——, 61 years old, an American, was the subject of this case; his previous history could not be ascertained, except that he had been addicted to the use of intoxicating liquors, "ever since he could remember."

I was called to see him on Saturday, June 12th. He complained of pain in the region of the stomach, and which was increased by pressure; also of difficulty of breathing, cough and loss of appetite. He stated that he had been ill for nearly a week.

The patient's pulse beat 85 in the minute; the tongue was coated. On percussion, I decided that the left lung was somewhat solidified, and that the right was also diseased. He had drunk a large quantity of liquor during the night previous to my visit.

June 13th.—Not so much pain; the cough was no better, and the pulse accelerated. At 10 o'clock, P.M., he was in a delirious and sinking condition.

14th.—Found him out of bed, and in a fit of delirium. He was put to bed again and soon became a little easier. There was great tremulousness; the pulse being from 120 to 130 in the minute, with a hard, wiry feel.

3 o'clock, P.M.—Sinking. The respiration was hurried, short and irregular; sordes and suffusion of the eyes were remarked. Death took place at 6 o'clock, P.M.

Post-mortem Examination.—The body was examined at 2 o'clock, P.M., June 15th, twenty hours after death. The diagnosis was confirmed as respects the lungs; a collection of pus was found in the left lung. The heart was hypertrophied, and the pericardium thickened. The stomach was inflamed and ulcerated; and its coats infiltrated with blood, effused in large patches. The condition of the stomach indicated poisoning—which no doubt took place, from the action of the "bad rum" he had swallowed. The intestines were filled with flatus, and somewhat inflamed. The

* Drs. Tweedie and Smith are of opinion that the cholera, in 1849, was, in some measure, supplementary to typhus; the classes from which fever usually numbers its victims having been those among which the cholera principally raged and proved most fatal. It is certain that the aggregate of fever in London was less in that than in the two preceding years.

liver was enlarged, but otherwise appeared healthy. The gall-bladder contained one hundred and nine biliary calculi, each of about the size of a large onion-seed. They were of a shining black color, and weighed from one half to a whole grain, each. Their internal aspect is the same as their external. Within they have an earthy consistence, which may be detected by the gritty sensation imparted to the knife; and what is most remarkable, they are of a uniform size and shape. Their specific gravity is 12 or 13. They do not appear to be inflammable, are insoluble in water, alcohol and ether; partially soluble in nitric acid, with a slight effervescence, and impart a yellowish tinge to the acid. In sulphuric acid, they are much more soluble, and give it a deep green color.

If these calculi consisted of inspissated bile, they would be inflammable; if composed wholly of earthy matters, their specific gravity would be greater. Not having the proper chemical tests at hand, I am unable precisely to determine their composition.

REMARKS ON THE CHANGE-OF-TYPE THEORY OF DISEASE.

BY W. O. MARKHAM, M.D., FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON, PHYSICIAN TO ST. MARY'S HOSPITAL.

Pneumonia has hitherto been the chief bone, over which contention has been engaged in the discussion of the change-of-type theory of diseases. And not unnaturally so. Pneumonia, or rather that class of diseases which represented pneumonia to the eye of medicine in former days, brings with it a train of symptoms of an urgent and serious character, and which seem more instantly to demand relief than any other of the inflammatory disorders of the body. The urgency of the symptoms, then, in pneumonia, was the reason why the lancet was so liberally called into use by our forefathers for its cure.

It may, however, be very fairly doubted, whether, after all, pneumonia is the disease, the comparison of whose treatment, in former and modern days, is best adapted to the purpose of enlightening us, as to the truth or otherwise, of the theory of a change of type in diseases. I have already shown (see *Lancet*, Nov. and Dec., 1857) what a generic and comprehensive term this pneumonia was, as understood by the physician before the days of auscultation; what a variety of diseases it represented to his mind. And I may add that, even in our own days, notwithstanding the stethoscope and its powerful revelations—notwithstanding the many hair-quarterings minute stethoscopists so frequently indulge in about auscultatory signs—the term pneumonia is not an invariable quantity; that it does not represent to us, during life at least, a fixed and certain pathological condition of the lungs. Every clinical physician must admit the difficulty, which he frequently has to encoun-

ter, when he would decide as to the exact nature of some disease of the lungs which he is treating. Is it pneumonia, or is it pleurisy, or something of both of these? Does the dulness of percussion-sound depend upon pleuritic effusion, or consolidation of the lung, or upon œdema, or upon hypostatic congestion of the lung? Does the crepitation result from capillary bronchitis, from the serous effusion of œdema into the bronchial tubes, or from pneumonia itself? These, and I might parade more of the same kind, are difficulties which often leave in dubio the judgment of the acutest stethoscopists *in many of the everyday cases of lung diseases.* Experience, I fancy, must teach every one that the tale of auscultation does not run as smoothly in the wards of an hospital as it does along the pages of our text-books. And this fact seems to me to throw a strong shade of suspicion upon the value of data, respecting the effects of blood-letting in pneumonia, drawn from statistics even in our own days. Blood-letting in so-called pneumonia, then, is certainly not always blood-letting in inflammation of the lungs, even in these enlightened days; and we know that it meant in Cullen's time nothing less than bleeding in the inflammations of any or all of the organs of the thorax.

It has therefore struck me, that the question is more likely to admit of satisfactory solution, if tried by the light of the effects of treatment in the case of some disease, concerning whose nature neither ancients nor moderns could have any chance of being deceived. This would, at all events, render the subject more clear, by removing all doubts as to the nature of the disease being alike in both cases, *i. e.*, in the hands of our forefathers and in our own. Now, such a disease we have to hand in acute rheumatism. Its presence in the body must have been as manifest to Sydenham as it is to us. Moreover, it is one of those diseases which bear in a very marked degree the characters to which the idea of phlogistic especially appertains, and which, therefore, demanded, as it was thought, the adoption of extreme antiphlogistic measures for its cure.

And if we will glance at the therapeutical history of acute rheumatism, from the time of Sydenham to this present, we shall find that the necessity for venesection in this disease has been maintained as an absolute dogma, by the several generations of physicians who have flourished during that period. The same sentiment is impressed upon the pages of our authoritative text-books of medicine at this very moment;* so that, in theory at least, the practice of to-day in this disease is the practice of many generations. There have been no undulations in the methods of treating it, such as might indicate changes in its type at different epochs of this long period—retrocessions and accessions in the vigor of the rheumatic inflammation. The stream of opinion here seems to have flowed steadily and uninterruptedly on, and almost up to the present mo-

* When these lines were written, Dr. Bennett's *Principles and Practice* was not before the profession.

ment. But now, at last, its uniformity is broken. Why is this? And how comes it that at this day the practical differs so remarkably from the theoretical treatment of acute rheumatism? Why do authorities preach up venesection, and at the same time rarely or never resort to its practice? A ready, and as it seems to very many a satisfactory, answer to the question is found in this change-of-type theory. I venture to think that a much more simple and rational one suggests itself in our better knowledge of the disease, our more enlarged therapeutic experience, and vastly superior pathology. This I will endeavor to show.

In the first place, I would refer to one curious fact in the history of this matter, which is well worthy the attention of the change-of-type theorist. It exhibits a *tendency* at least to some practical degree of similarity of opinion, upon the effects of bleeding in this disease, between our forefathers, who in theory and in practice adopted venesection, and ourselves, who admit it in theory but reject it in practice. Acute rheumatism, be it remembered, being *par excellence* of the phlegmasiæ tribe of diseases, in an especial manner demanded venesection, according to ancient ideas. How comes it then that physicians, one after the other, from the time of Sydenham downward, never fail to warn their readers against the evils of bleeding, while they are at the same time extolling its merits? Sydenham surely never spared the lancet; yet he lived long enough to see, and had the courage to confess, that he believed some of his patients would have recovered better if he had bled them less. Heberden, a century later, accepted the theory of bleeding: "In the acute sort"—he is speaking of rheumatism—"bleeding seems to be plainly pointed out in young persons of vigorous health." But Heberden was not a man to have his eyes blinded by the dust of ages of authorities, and he quietly adds: "But as much as I have been able to observe, the benefit of large and repeated bleedings is in most cases far from being clear and unquestionable." "One of the worst rheumatisms which I remember, immediately succeeded a most profuse bleeding of the nose, which continued so long as almost to exhaust the patient, and to bring his life into imminent danger." "For the most part," says Cullen, "large and repeated bleedings, during the first days of the disease, *seem** to be necessary, and, accordingly, have been very much employed: but to this some bounds are set; for very profuse bleedings occasion a slow recovery, and, if not absolutely effectual, are ready to produce a chronic rheumatism."

The idea of inventing a theory to explain the ill effects of over-bleeding, never seems to have occurred to Sydenham or any of his illustrious followers. They saw and admitted the evils which bleeding produced, as well as the benefits of it. The result of this, we may reasonably surmise, was, that a change has been for a long time gradually and imperceptibly introducing itself into the

* The italics are not Cullen's.

venesecting practice. Men still in theory praised bleeding, but in practice used it less vigorously. The good of it became less manifest and the evils more so, until at last, in these latest days, the practice may be considered as almost wholly abandoned—at times, perhaps, to the prejudice of the patient.

In this case of acute rheumatism, observers could more distinctly mark the consequences of the bleeding than they could in the doubtful case of pneumonia. They discovered at last that, however large and repeated their bleedings, the materies morbi was not to be "*evacuated at the mouth of the vein;*" and thus vanished this theory of the practice. Then the other theory came in force. If large bleedings do not drain out the morbific principle, still, it is said, small depletions relieve the pain, diminish the feverish violence of the heart, and aid the action of other remedies; and this is asserted by those who, according to their own confession, rarely ever resort to them in practice. I will not stop here to ask, whether six ounces of blood, taken from the arm of a robust man in the early period of his disease, are likely to make any impression, either good or bad, upon it. It certainly does not seem compatible with common sense, or with what we see every day in practice, as the results of accidental losses of blood, that such venesection should be very impressive.

The value of the remedy has thus been gradually let down from its high position. From large and repeated bleedings in acute rheumatism physicians came to rare and small bleedings; then they resorted to depletion only in robust and vigorous constitutions; and now, at last, have risen up wise practitioners, who assert that, even in the young and vigorous, acute rheumatism does not require venesection; but that if men choose, for conscience sake, to practise it in such, after the modern mitigated formula, there is no great objection to their doing so, in that a few ounces more or less of blood in the veins of a strong man cannot be of much consideration to his well-being. Thus, in the end, have the tables been completely turned against the practice.

I will now endeavor to show, that this revolution or reformation in practice came about not to satisfy any modern asthenic condition of human nature, but simply from the reason of the thing itself—from an improved pathology. And I will venture to believe, that here, as in the case of pneumonia, large and repeated bleedings neither are, nor ever at any period of man's history could have been, the proper treatment for acute rheumatism.

We may, I suppose, assume it as a fact beyond dispute, that the morbific element, whatever it be, which occasions that series of characteristic symptoms to which the name of rheumatic fever is given, is the same identical element now as it ever was; that the formation or accumulation in the blood of the noxious materials, which excite these symptoms, took place formerly equally as now. We have here, then, a disease to deal with to which the name of

specific may be justly applied. The disorder is general, and it is not the consequence of the local inflammations; but, on the contrary, the local inflammations are the consequences of the general disorder. The disease which was once called arthritis, we now call rheumatic fever. It has a direct course to run, and we cannot cut it short at once by our remedies. There is some improper element in the blood, which must be purged out of it, or neutralized (as the theory goes), before the patient can return to health. Some pathologists have even gone so far as to give a name to the poisonous matter.

Now if, in this disease, it be found that there is a particular treatment which, beyond all manner of doubt or cavil, has a clear and distinct effect upon the symptoms, reducing their force and expediting their cure, we may safely affirm that such a remedy, whether acting as a directly neutralizing agent upon the morbific matter or not, must have at all times been one which, if administered, would have been equally as efficacious as we find it to be now. Such a remedy we undoubtedly possess in the salts of potash, when given in sufficiently large doses. I say that we now undoubtedly have such a remedy, because there is a consentaneousness of opinion among physicians upon this point of practice, because the fact is plainly demonstrable, and because we daily see the anticipated result follow the antecedent remedy almost as surely as A follows B in the alphabet, not in isolated cases, but in the very great majority of instances where it is administered. The remedy manifestly bears with it some of the features of a specific remedy. Moreover, we do not find that bleeding and other agencies have any such mastery over the disease. We have all, I suppose, at one time or other, seen the most vigorous men largely bled in this disease, and bled in vain. We have all seen them mercurialized, and mercurialized in vain; and have all seen relief derived from purgatives and from opium, and the patient recover, whichever line of treatment was practised. But, most certainly, we have never witnessed from bleeding, or mercury, or opium, or purgatives, such marked effects ensue, and so constantly ensue, as we witness in the case where alkalies are largely administered.

A rational pathology brings us to the belief, that, in acute rheumatism, there is a poisonous matter circulating with the blood through the body; and an empirical or experimental treatment of the disease has led us, through manifest results, frequently and constantly ensuing, to the rational conclusion, that we possess an agent which will also enter the blood, and which there acts as a neutralizing force to the pernicious matter.

Bleeding, then, it must be argued, is not the remedy for this disease, and never could have been the remedy; but yet our faculty has never failed, through all times down even to our own, to ply the lancet vigorously—and frequently even to proclaim the instrument their "sheet-anchor"—in the treatment of acute rheumatism.

Here are present, in a most marked degree, those especial signs which incontestably justify, as it has been asserted, the abstraction of blood in inflammation of the lungs—the hard full pulse, the loaded tongue, the high fever, and above all the buffed and cupped blood. Gregory and his predecessors, we have been triumphantly told, might have been ignorant of the exact condition of the thoracic organs, they might have been mistaken in their diagnosis of what was going on in the chest; but the states of the pulse, and the tongue, and the fever, and the abstracted blood, these were facts as patent to them as they are to us; these they could not have misinterpreted, and these were the justification of their practice in pneumonia. But will those who argue thus venture now to assert that these things were the justification of the practice of bleeding in acute rheumatism—to assert this in the face of our more enlightened pathology and therapeutics? I fancy not. I fancy they must admit that bleeding never could have been the prime essential remedy in acute rheumatism, even though they still assert that bleeding expedited the cure *incidentally*. And if this admission is made in the case of acute rheumatism, then, by a most logical inference, as it seems to me, those gentlemen will be forced to reconsider the value of their position as regards pneumonia. If an *inflammatory* condition of the pulse, an *inflammatory* condition of the blood, and a *high fever*, do not absolutely demand venesection in rheumatism, then it may be inferentially questioned whether these are the signs which inevitably indicate the propriety of bleeding in pneumonia.—*Edinburgh Medical Journal*, June, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

June 28th.—*Execution of Magee. Post-mortem Appearances.* Reported by Dr. Henry G. Clark.

The prisoner, Magee, was a healthy and very muscular man, but of small stature, and weighing about 130 pounds. Age, 28 years. He was executed in the rotunda of the Jail, at 10 o'clock, June 25th. He was dropped a distance of from 7 to 8 feet. There was not the least perceptible struggle or convulsion, but the urine was passed immediately. At the end of seven minutes, all the sounds of the heart were distinctly audible and the number of beats 100 in the minute. At nine minutes, the number was 98. At the end of twelve minutes, the number was 60 and the pulsations fainter. At fourteen minutes, the sounds had disappeared.

The body was lowered at 25 minutes past 10, at which time a careful examination of the chest revealed no perceptible sound or impulse of the heart. A small space under the left ear seemed to have escaped active compression, so that some circulation might have been continued through the carotid and jugular of that side.

The face was purple, and the pupils dilated, but there was no protrusion either of the eyes or tongue. The cord had taken just above the thyroid cartilage, and had left a deep oblique wale or indenture, along its whole course, excepting at the part before mentioned, the knot, which was over the mastoid, having lifted it off from this point.

At 10.40 the cord, and the straps with which he had been pinioned, were removed. After this, the body, the face especially, became gradually paler.

At a few minutes past 11, Dr. Ellis commenced the autopsy, at the House of Reception. The body was pale, and the skin mottled. A small ecchymosis was noticed just above the line of the cord on the right side. The right sterno-cleido muscle was ruptured through one half of its thickness. No lesion was discovered in any of the other soft parts of the neck. The os-hyoides was somewhat broken, but the spine was entirely uninjured. Dr. Shaw examined the clothing, to determine the presence of semen, but none was found.

At 11.30, a slight but regular pulsatory movement was observed in the right subclavian vein. Upon applying the ear to the chest, this was ascertained to proceed from the heart itself, which gave a distinct and regular *single* beat, with a slight impulse, 80 times in a minute. The chest was then opened, and the heart exposed, without in any way arresting the pulsatory movements. The right auricle was in full and regular motion, contracting and dilating with beautiful distinctness and energy. At 12 o'clock, the spinal cord having been previously divided, the number of contractions was 40 per minute, having continued with only a short intermission regularly up to this time. Dr. Ellis furnishes the notes of his own and Mr. Tower's minutes after this hour.

"The peculiar movements of the anterior wall of the right auricle gradually but occasionally recurred, either spontaneously, or excited by a passing current of air, until $1\frac{3}{4}$ o'clock. They could at any moment be excited by the point of the scalpel. Dr. Ellis being obliged to leave at this time, the remainder of the record concerning the heart was furnished by Mr. Tower, one of the medical house pupils of the hospital. It is as follows.

"At 1.45, the movements still continued without stimulus. Five were noticed in a minute, with corresponding intervals. At 2.45, all automatic movements ceased, but the part still responded to the stimulus of the knife. At 3.10, deep irritation of the same kind was followed by slight movements. The irritability was most marked at the lower part, where the venæ cavæ enter the auricle. At 3.18, all movements ceased. On opening the heart, it was found to be perfectly normal. The left ventricle was contracted; the right, not. No coagula were found."

Brain healthy.

Both lungs collapsed completely, and were in every respect normal.

The liver and spleen were darker colored than usual, owing to the presence of an unusual amount of blood.

The stomach contained a whitish pulp, like softened bread. The mucous membrane had a pinkish tinge, particularly in the neighborhood of the pylorus. In the large extremity, for some distance below the cardiac orifice, were numerous whitish glandulæ, about a line in diameter.

The upper part of the small intestine contained much green, bilious

fluid. The mucous membrane was of a pinkish color. Peyer's patches were very distinct. No lacteals were seen.

The other organs were examined and found healthy.

Dr. Jackson asked if any motion of the intestines was observed—to which Dr. Ellis replied in the negative. Dr. J. alluded to the case of a tumor removed from the shoulder, some fibres of muscle attached to which contracted under the stimulus of the knife, some time after its removal. He also alluded to the muscular contractions which were manifest after death in many cases of cholera, during the epidemic of 1833.

The absence of cerebral congestion, Dr. Gay thought probably due to the adjustment of the rope, which allowed circulation in the left carotid. He thought death might have been owing to the sudden shock.

Dr. Clark alluded to the three modes in which death takes place by hanging, viz., apoplexy, asphyxia, and fracture of the spine, and attributed death in the present instance to asphyxia.

Dr. Ainsworth remarked, that all the appearances usually observed in cases of hanging were here wanting, and thought that the first effect of the sudden fall was a powerful concussion of the brain, which paralyzed the body, as in cases where a blow or fall is received upon the extremity of the sacrum, and that death occurred afterward from strangulation.

Dr. H. J. Bigelow considered the motions of the heart to be solely due to local irritability.

Dr. Coale, in this connection, alluded to the unfortunate incident in the life of the celebrated Vesalius, in consequence of which he was banished from his country and died in exile. Not allowing a sufficient time to elapse after the death of his patient, before proceeding to the examination, the muscular irritability remaining in the body caused a pulsatory movement in the heart, which led to his arrest and punishment for murder and impiety.

Dr. Clark expressed the opinion that, as there was no lesion of any important organ, resuscitation might possibly have been accomplished by artificial respiration, &c., if efforts to that end had been made immediately upon the lowering of the body from the scaffold—that is, within half an hour after he fell. Strong shocks of electricity or galvanism would, in cases of accidental apparent death, destroy the little remaining vitality; and if these agents are used at all, they should be administered with great care.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 15, 1858.

THE SUMMER-EXODUS FROM THE CITY.

It is now an established fact—indeed it seems to be the order of things—that a very notable depopulation of our city takes place every summer, at about the same time in the season. The motives for leaving town are very various. Pleasure-travel, amusement; fashionable custom; *ennui* in search of relief; "Cœlebs in search of a wife," and femi-

nine single-blessedness (excuse us) in search of a husband; Southern warmth panting for Utopian coolness at the North, and supposed Northern coolness aspiring to still more northern glaciality. How many of these ramblers attain the fulfilment of their wishes, we dare not venture to say—we doubt, however, whether the sum-total of satisfaction is large enough to repay the toil which is expended. And particularly must this be true of the high-pressure life seen in "the full tide of successful experiment" at fashionable watering-places and other such temples of fashion, extravagance and folly—sometimes pleasantly styled "summer-retreats."

The spots once consecrated to the restoration of the invalid are anything but fit places for him now. Imagine a genuine invalid who needs quiet and retirement, going to drink the waters at Saratoga, or bathe in the sea at Newport! Woe be to him unless he can secure a corner which must be fabulous in these days.

It is true these delightful resorts are not to be denied—even were it possible—to those who, although reasonably well, yet need relaxation and are the better for amusement: still it is often a matter for regret that many places peculiarly suited to those in feeble health, and perhaps originally sought by, or for them, are so soon overrun and appropriated by those who might be quite as well accommodated elsewhere.

The hygienic question, however, which we had in our mind when beginning this article, was, is any, and how much advantage derived from this summer-flitting? That there are many who are benefited by a few weeks' sojourn in the country, or more immediately upon the sea-shore, cannot for a moment be doubted—that others often make a mistake in changing their quarters, is no less true. In the case of ill health, a physician's advice upon the point of going to another locality for a short time, is often nearly as necessary as upon the question of a sea-voyage. And not only should the judiciousness of the movement itself be carefully discussed, but the place to which it is proposed to go, ought to be examined as to its fitness in all respects. People are too apt, in our opinion, to act hastily and inadvisedly in this matter—one of exceeding importance oftentimes, not to say frequently vital.

That there is often great benefit derived from a change of air, alone, by those who, after a monotonous round of occupation either in city or country (more particularly, doubtless, the former), get into that state popularly known as "run down," is indisputable. We believe, also, that much of the gain they thus make is owing to the change of scene, the freedom from care, the new turn in life's kaleidoscope—a fresh view which delights the eye, quickens the pulses and whets the mental and spiritual, as well as the physical appetite. It is, in fact, with the "children of a larger growth" much as with others, "all work and no play makes Jack a dull boy."

The noble sights and sounds of the sea-shore, its curious objects of study, its strengthening breezes, and blessed, cooling waters can hardly be other than refreshing restoratives to the jaded citizen, of whatever occupation he may be, when the red eye of Summer blazes hotly over his head, which whirls dizzily every now and then amid the roar of the dusty thoroughfare. So, too, the pure air which bathes the mountain-peaks, the fragrance of the pine woods, and that soft *susurrus* through their branches, so similar to the roll of surf upon a distant

beach, must tend to cool the blood and soften the ruffled spirits of care-worn, vexed and weary mortals, shut up, three quarters of the year, between brick walls.

On the whole, we approve of the *summer-exodus;* and we have often wished, whilst in the exercise of our vocation, that the pale-faced child of want, and victim, besides, of illness, could go forth to the hill-sides, the seashores and beautiful valleys of our land, to drink in there the balm which the most skilful hand fails to bring them in the stifled abodes they must, perforce, inhabit.

To conclude, we advocate physicians having a respite as well as other human beings. Why should they not? There is every reason why this privilege should be accorded to them. For a long time, it was thought a downright treason to his patients for a doctor to absent himself, even for one night, from town. People are rather more reasonable now-a-days, although sometimes they do not seem to understand why a physician, whose business it is to seek to benefit the health of others, should have any care taken of his own. Now, if this were the recognized creed, it would be very much like the cruel driver who was remonstrated with for beating his tired horse most unmercifully. "Why," said he, looking very much surprised at the interference, "he's no business to be a horse, if he don't expect to be beaten." So let medical students beware—unless they expect to be ridden and driven to death, they've "no business to be" doctors!

It would not much surprise us, however, if we were among the missing, for a short time, at the close of the season; medical editors, who are also practising physicians, doubly deserve a vacation.

TREATMENT OF ANEURISM BY DIGITAL COMPRESSION.

We notice, in a foreign journal, a report of two cases of the successful treatment of popliteal aneurism by means of compression with the fingers, by M. Michaux, of Louvain, France. The first patient was a man of 57 years. The aneurismal tumor, which was situated in the lower part of the popliteal space, was of the size of the fist, and quite reducible. The patient also had signs of serious disease of the heart. Compression of the femoral artery with a tourniquet was first tried in the groin, but this causing swelling of the inguinal gland, and sloughing, it had to be discontinued. M. Michaux then decided to try digital compression on the lower portion of the femoral artery, which was performed by hospital pupils, in rotation, commencing the 4th November, at 5 o'clock in the morning, and continuing uninterruptedly for 53 hours, when it was omitted for 34 hours, and resumed again for 12 hours. After another interval, of 13 hours, it was again resumed for 15 hours. On the 10th November, the pulsation of the tumor was barely perceptible, and the swelling was very hard. On the evening of that day no pulsation could be felt; compression was however continued until the morning of the 12th, since which time the cure has remained perfect. The affection of the heart continued in the same state.

The second patient was cured much more quickly. The aneurism, which occupied the same situation, had existed for more than three years, and measured three and three tenths inches in length by three and six tenths inches in breadth. Digital compression was begun December 15th, at half past three o'clock in the afternoon, and constantly applied to the groin. In twelve hours, the sac already con-

tained some coagulated blood. At 10 o'clock, on the 16th, there was no dilatation, and the pulsations were very feeble. At 4 o'clock the tumor was solid, and the pulsations entirely ceased after twenty-four and a half hours of digital compression, which was, however, continued till the next day, by way of precaution. In a few days the collateral circulation was established around the knee. The patient was discharged on the 29th.

Of course the employment of digital compression requires the co-operation of a large number of reliable assistants, who must be willing to undertake a most irksome duty. It can hardly be accomplished in private practice, and can only be made available in a hospital under exceptional circumstances. Still, the successful issue of the above cases should be borne in mind, as the method may sometimes be usefully practised, where the pressure of a pad cannot be endured, or where it produces sloughing, in order to avoid the necessity of tying the femoral artery.

SALE OF POISONS.

We are glad to see that the subject of the urgent necessity of some efficient law regulating the sale of poisons, has been brought prominently before the public by a coroner's jury, in consequence of the death of a young woman from strychnine which she purchased at a drug store in this city, with suicidal intent. Our readers do not need to be informed how often we have made the same appeal to the legislature to protect the public against accidents and suicides, which have become exceedingly common, from the ease with which the most active poisons may be obtained.

It appears that on the 23d of June, Ann Maria Phinney bought a quantity of strychnine (between three and four grains) of William Nowell, at the drug store of Charles G. Greene, and died in consequence of having swallowed it. The jury state that the circumstances under which the poison was sold "were such as to indicate the most perfect recklessness on the part of said Nowell." We cannot forbear to quote a further portion of the verdict, which contains the most wholesome suggestions.

"The jury furthermore feel bound to say, that the law concerning the sale of poisons does not operate to protect the public sufficiently. They have discovered that a large proportion of the druggists are entirely ignorant of any law upon the subject. The purchase of such articles for purposes not known to the seller, are of daily occurrence in this city. There is no difficulty in procuring fatal doses of poisonous drugs by any one who may choose to take the trouble to buy in minute quantities at different stores, till he has obtained enough to accomplish his object.

"The jury do not hesitate to say, that except in medicinal doses, poisons are not needed in families. The use of arsenic, corrosive sublimate and strychnine for the destruction of vermin, is merely an evidence of a want of cleanliness and care, which any person may avoid by an equal amount of labor expended in a perfectly safe manner.

"The jury hope that a representation may be made by the Coroner, or the proper authority, if he be not such, to the Legislature, of the valueless character of the present law concerning registering the sale of poisons. In their opinion, no retail druggist should be permitted, under penalty for non-compliance, to sell any poisonous drug, except upon a physician's prescription; that such prescription should contain the directions for its use legibly written, and should be signed by the physician prescribing it; that such directions should be fully copied upon the package containing the poisonous article; and that the prescription itself should be retained by the druggist.

"By such means the jury are convinced that the sale of poisons would be very much diminished, and that the public would be much better protected than they are at present."

We are surprised to learn that the sale of prussic acid is not restricted in England by an act of Parliament. Several cases of murder by means of this subtle poison are detailed in the London *Medical Times and Gazette*, for Jan. 2d, of one of which the assassin, who had purchased the drug at a chemist's, was convicted at Glasgow.

TARTAR EMETIC IN THE TREATMENT OF CHOREA.

Notwithstanding the confidence with which writers recommend various kinds of treatment for chorea, it often proves very obstinate. This may be in part owing to a neglect of the influence of the temperament of the patient on the production or the continuance of the disease. As a general rule, children prone to chorea are debilitated, and require a tonic treatment; hence the ferruginous medicines, zinc, and the shower bath, are strongly recommended, and generally prove successful. But it is easy to conceive that chorea may arise from nervous excitability, requiring the employment of sedative remedies, and in such cases a perseverance in an exclusively tonic course of treatment may only be followed by an aggravation of the complaint. M. Bouley, of the Necker Hospital, Paris, has been treating successfully some chronic patients with tartar emetic. The dose was certainly enormous, it seems to us, being no less than seven and one half grains, in the course of half an hour, one half at a time, the patients being about sixteen years old. On the second day, the quantity of antimony was doubled, and divided into three doses, to be taken at intervals of half an hour each. In two cases the immediate effect of the remedy was great prostration, and abundant evacuations upward and downward, after which followed a state of general tranquillity, in which the spasmodic movements diminished and finally ceased. A relapse ensued in a few days, but on again administering the antimony, the symptoms again yielded, and did not return. Both these cases were of long standing, and both were cured, in less than two days, under the administration of tartar emetic.

Without advocating the use of antimony in such heroic doses, we think it might be advantageously employed in the treatment of some cases of chorea, where a sedative effect is indicated. We would suggest that the veratrum viride might also be tried in such cases; its remarkable sedative powers would seem to render it admirably adapted for the treatment of diseases dependent on nervous excitement.

POSTAL BON-MOT.

Dr. B. S. Codman, of the firm of Codman & Shurtleff, Tremont St., has handed us a letter-envelope in which was enclosed an articulated silver catheter, which came safely to hand under the guardianship of the following warning lines, addressed to the Post-Office *employés*.

"In '*stamping*,' pray be quite discreet,
Though light, but frail and very neat,
Much force would *smash* it all complete!
Nor do into the contents peep;
It's but to "*tap*" the fountain deep,
From where so many troubles creep."

We do not wonder the little instrument arrived safe and sound, under such a touching and appropriate appeal. We beg pardon for sug-

gesting the following emendations in this post-office poetry. The second line to read, "Though light, 'tis frail and very neat"; in the last line, *whence* instead of "where."

Employment of Belladonna for arresting the Secretion of Milk.—An article which appeared originally, we believe, in the *Lancet*, on the local employment of belladonna for the purpose of arresting the secretion of the mammary gland, with two successful cases, has been extensively copied by the journals of Europe and this country. We have, however, met with no new examples of success with this method until the publication of the last number of the *American Journal of the Medical Sciences*, which contains a short account of a case reported by Dr. Geo. McC. Miller, of Brandywine Village, Del., who applied a solution of the extract of belladonna, of the strength of ten grains to half an ounce of water, to the areola of each mamma, three times daily, in the case of a woman whose child was born dead at the eighth month. "On the third day the breasts swelled moderately, and became somewhat painful and tender, and a little milk oozed from the nipples. But under the use of the belladonna the secretion disappeared, and in less than a week the solution was discontinued, the mammæ having re-acquired their normal size and aspect." We shall be glad to learn that farther trials confirm the results obtained by Dr. Miller, but we cannot regard his case as proving in the least the efficacy of the application in producing the result. In fact, there is every reason to believe that had nothing whatever been done, the mammary secretion would have appeared but scantily, and have ceased in a few days spontaneously, as we see so often in similar cases, where the breasts are let alone, and not stimulated to secrete by the common practice of drawing them artificially. We tried the belladonna carefully in a case where the patient was for a long time annoyed by a profuse secretion of milk, after weaning her child, but it completely failed. We should be glad if our readers would take the opportunity of trying the remedy, and would acquaint us with the result.

Massachusetts General Hospital.—In our late notice of Dr. Shaw's appointment to the office of Resident Physician at the Hospital, we stated that Dr. Abbot would continue to discharge the duties of Admitting Physician. This, we understand, is a mistake; that gentleman now fills the office of Physician to Out-patients, only. All applications for admission of patients to the wards must be made to Dr. B. S. Shaw, Resident Physician, either personally, at the Hospital, or by letter. See advertisement in to-day's Journal.

Cancer a Disease of Age.—Prof. Hamilton, of Buffalo, in describing to the Medical Association of that city a tumor of the breast removed by him from a woman aged 27 years, said—as reported in the *Buffalo Medical Journal*—that he had "never seen true scirrhus in the breast in a person so young as 27 years; and he was glad to find in this tumor, since its removal, such conclusive evidence that it was not cancerous. His experience had led him to think that hard cancer of the breast was a disease of age; and he would suggest that true, hard cancer, indicated the degeneration of age—that it was a cessation of the process of repair, and consequent degeneration of the tissue; and that as the arcus senilis, and other similar fatty degenerations, indicated age, so did hard cancer."

Fiske Fund Prize Question—Premium of Two Hundred Dollars.—The Trustees of the Fiske Fund, at a late meeting of the Rhode Island Medical Society, announced the offer of a premium of Two Hundred Dollars for the best dissertation on the following subject:

"The effects of the use of alcoholic liquors in tuberculous disease, or in constitutions predisposed to such disease. To be shown by facts, presented, so far as may be, in statistical form."

Dissertations should be sent, free of cost, to S. Aug. Arnold, Secretary of the Fiske Fund Trustees, Providence, R. I., on or before May 1st, 1859. Each dissertation should have a motto, or device, and also be accompanied by a sealed packet, having the same motto outside, and the writer's name and residence mentioned within. Before receiving the premium, the successful writer must transfer all his right in the dissertation to the Trustees, for the benefit of the Fund. The successful dissertations are printed and distributed under the charge of the Trustees.

The Trustees of this Fund, which was created by a bequest of the late Dr. Caleb Fiske, of Scituate, R. I., are the President and Vice Presidents of the Rhode Island Medical Society, *ex officio*. For the year 1858–59 they are Drs. James H. Eldredge of East Greenwich, Charles W. Parsons of Providence, and Henry E. Turner of Newport. Their award on the subject now proposed will be announced at the annual meeting of the Rhode Island Medical Society, to be held at Providence, June 1st, 1859.

Painless Caustic Application.—According to M. Piedagnel, a mixture of Vienna paste (quicklime and caustic potash) and hydrochlorate of morphia, in the proportion of three parts of the former to one of the latter, and moistened with chloroform, alcohol or water, forms a paste, which, when applied to the skin, produces a slough without causing pain. In the same way, if the hydrochlorate of morphia is mixed with the powder of cantharides, in the proportion of one to three, it will raise a blister, not only without pain, but with the effect of producing sleep. —*Gazette des Hopitaux.*

An Affair of Honor.—For nearly a year, a quarrel has been festering between two of the most eminent physicians of St. Louis, Dr. Walker and Dr. Montrose A. Pallen, on account of the alleged practice pursued by one of them of selling patent medicines, which is considered a violation of professional ethics. A duel between them has been several times projected and frustrated. Last week they went over to Illinois to fight, but were arrested before they got ready, and were held in $2000 each to keep the peace.—*Courier.*

Dr. Henry Bridgman has disposed of the establishment of *The American Druggists' Circular and Chemical Gazette*, in New York, to Dr. L. V. Newton, who will hereafter be sole proprietor and editor. This work, in the short space of eighteen months, has attained a large circulation, and well merits it by the ability and skill with which it has been conducted.

Health of the City.—The number of deaths during the last week was uncommonly small, and three of them were the result of accident. There was an unusual mortality from puerperal affections and from dropsy in the head. But very few deaths from diseases usually ascribed to hot weather occurred. The number of deaths for the corresponding week of 1857 was 88, or 39 more than during the past week. Of these, 18 were from consumption, and 4 from pneumonia.

Died,—At Amesbury, 7th inst., Dr. Israel Balch, about 70.

Communications Received.—Dr. S. A. Skinner's Improved Fracture Apparatus.—Impacted Rectum, caused by eating stick cinnamon.—Chancre upon the Finger of a Dentist, supposed to have been communicated from the mouth of a patient.

Books and Pamphlets Received.—A Manual of Psychological Medicine, &c. By Dr. John Charles Bucknill and Dr. Daniel H. Tuke. (From the publisher.)

Deaths in Boston for the week ending Saturday noon, July 10th, 49. Males, 29—Females, 20.—Bronchitis, 1—inflammation of the brain, 2—consumption, 11—convulsions, 5—dysentery, 1—dropsy in the head, 7—drowned, 3—debility, 1—infantile diseases, 3—puerperal, 1—scarlet fever, 1—hernia, 1—intemperance, 2—disease of the kidneys, 1—inflammation of the lungs, 2—marasmus, 1—measles, 2—neuralgia, 1—old age, 1—sunstroke, 1—unknown, 1.

Under 5 years, 26—between 5 and 20 years, 3—between 20 and 40 years, 8—between 40 and 60 years, 6—above 60 years, 6. Born in the United States, 37—Ireland, 8—other places, 4.

THE

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FRACTURES OF THE HUMERUS.

BY FRANK HASTINGS HAMILTON, M.D., BUFFALO, N. Y.

[Communicated for the Boston Med. and Surg. Journal.—Continued from p. 418.]

§ 4. *Fractures through the Surgical Neck (including separations at the Upper Epiphysis).*

I have already defined the "Surgical Neck" as all of that narrow portion commencing at the epiphysis and terminating at the insertion of the pectoralis major and latissimus dorsi. It seems proper, therefore, that we should include under this division, both fractures and separations occurring at the epiphysis, especially since, owing to their anatomical relations, they are subject to the same displacements as fractures occurring half an inch or one inch lower down. The capsular muscles, with the exception of the teres minor, having no more influence over the lower fragment when a separation occurs at the epiphysis, than when a separation occurs at any other point of the surgical neck.

The following is an account of the only case of separation at the epiphysis which I have ever recognized.

Mike Bovin, æt. 13 months, fell sideways from his cradle in November, 1855. He was taken to an empiric, who called it a sprain and applied liniments. Three weeks after the accident he was brought to me, and I found the arm hanging beside the body, with little or no power, on the part of the child, to move it. There was a slight depression below the acromion process, and considerable tenderness about the joint; but the shoulder was not swollen nor had it been at any time. The line of the axis of the bone, as it hung by the side, was directed a little in front of the socket.

On moving the elbow backward and forward, the upper end of the shaft moved in the opposite directions with great freedom, and could be distinctly felt under the skin and muscles. This motion was accompanied with a slight sound, or sensation, a sensation not like the grating of broken bone, but much less rough.

There was no shortening of the limb. When the elbow was carried a little forward upon the chest the fragments seemed to be restored to complete coaptation; and of this I judged by the restoration of the line of the axis of the shaft to the centre of the socket, and by the complete disappearance of the depression under the point of the acromion process.

I applied suitable dressings to retain the arm in this position; but five months after the injury was received the fragments had not united, and the child was still unable to lift the arm, although the forearm and hand retained their usual strength and freedom of motion. The same crepitus could occasionally be felt in the shoulder, and the same preternatural mobility. The shoulder was at this time neither swollen nor tender.

Robert Smith and Sir Astley Cooper both speak of it as a frequent accident in early life, but the recorded cases are very few. The case mentioned by Mr. Smith has been given very much at length, and as a characteristic example, deserves to be repeated.

"During the early part of last year, a boy, eight years of age, was admitted to the Richmond Hospital, under the care of Dr. MacDonnell. About a week previous to his admission he had fallen upon the shoulder, and at once lost the power of using his arm.

"It was at first sight evident that there did not exist any luxation of the head of the humerus, and it was equally obvious that the case was not an example of any of the ordinary fractures to which the neck of the bone is liable. There was no diminution of the natural rotundity of the shoulder, nor any unusual prominence of the acromion process; the head of the bone could be distinctly felt in the glenoid cavity, and it remained motionless when the arm was rotated: there was very little separation of the elbow from the side, but it was directed slightly backward.

"About three quarters of an inch below the coracoid process, there existed a remarkable and abrupt projection, manifestly formed by the upper extremity of the shaft of the humerus, every motion imparted to which it followed. Its superior surface, which could be distinctly felt, was slightly convex, and its margin had nothing of the sharpness which the edge of a recently-broken bone presents in ordinary fractures.

"When this projecting portion of the bone was pushed outward, so as to bring it in contact with the under surface of the head of the humerus (previously fixed as far as it was possible to do so), a crepitus was produced by rotating a shaft of the bone. It did not, however, resemble the ordinary crepitus of fracture, but it would be extremely difficult, by any description, to convey a clear idea of what the difference consisted in.

"From a careful consideration of the symptoms and appearances above mentioned (taking into account also the age of the patient), the diagnosis was formed, that the injury consisted in a separation

of the superior epiphysis of the humerus from the shaft of the bone. Various mechanical contrivances were employed in this case, but all proved ineffectual in maintaining the fragments in their proper relative position."*

Sir Astley Cooper has also briefly described one example.

"Its age was ten years. The symptoms of the injury were, inability of moving the elbow from the side, or of supporting the arm, unless by the aid of the other hand, without great pain. The tension which succeeded filled up the hollow which was at first produced by the fall of the deltoid muscle. When the head of the bone was fixed, the fractured extremity of the humerus could be tilted under the deltoid muscle, so as to be felt, and even shown, by raising the arm at the elbow. Crepitus could be perceived, not by rotating the arm, but by raising the bone and pushing it outward. The cause of the fracture was a fall upon the shoulder into a saw-pit of the depth of eight feet."†

It will be necessary, in order to a full understanding of the various aspects of this fracture, to relate several illustrative examples.

Case I.—*Simple Fracture; never displaced. Union without Deformity.*

Alexander Balentine, æt. 62; admitted to the Buffalo Hospital of the Sisters of Charity, Dec. 19, 1851. He had fallen upon the sidewalk, striking upon his right arm. Dr. Johnson, of Buffalo, had reduced the fracture and applied appropriate dressings. No union of the fragments had yet occurred, but as the surfaces were in apposition it was only after considerable manipulation, and not until we bent the forearm upon the arm, and rotated the humerus by means of the forearm, that the crepitus became distinct, and gave unequivocal evidence of the existence of a fracture, and of its situation.

The treatment, after admission, consisted in the application of one gutta percha splint, accurately moulded, and extending from above the shoulder to below the elbow, and encircling one half the circumference of the arm; the splint being secured with the usual bandages, &c.

The result is a perfect limb.

Case II.—*Simple Fracture. Union with Displacement and Deformity.*

White, of Buffalo, æt. 12, fell 14 feet, striking on the front and outside of the left shoulder. Dr. P., of Erie Co., saw the lad within three hours (July 19th, 1853). He was brought to me on the fourth day after the accident. The upper part of the arm was then very much swollen. I found the arm dressed as for a fracture of the middle or lower third of the humerus. It was shortened one inch. The elbow was inclined backward, and there

* Robert Smith, *Op. cit.*, p. 201.
† A. Cooper, *Op. cit.*, p. 382.

was a remarkable projection in front of the joint feeling like the head of the bone. The hand and arm were powerless. I suspected a dislocation of the head of the humerus forward; and having administered chloroform, I attempted its reduction with my heel in the axilla. While making extension, I felt a sudden sensation, like the slipping of the bone into its socket, but on examination I found the projection continued as before. I then repeated the effort, with precisely the same result.

I now applied an arm sling, and directed leeches and cold evaporating lotions.

On the 25th, five days after the accident, it was examined by Drs. Mixer, McGregor, Joseph Smith, with myself. We still believed it was a dislocation, and having administered chloroform, we again attempted its reduction. The same slipping sensation was produced as before, and the deformity was repeatedly made to disappear; but on suspending the extension, it as often re-appeared.

The character of the accident was now made apparent, and we proceeded at once to apply the splint and bandages suitable for a fracture of the surgical neck of the humerus, namely, a gutta percha splint, extending, on the outside, from the top of the shoulder to below the elbow, with an arm and body roller secured with flour paste.

On the 31st, twelve days after the accident, Dr. Wilcox, Marine Surgeon at Buffalo, saw the arm with me. The fragments were displaced the same as when I first saw it, and the same as when no apparatus was applied. We examined it again carefully, and attempted to make the fragments remain in place, but we were unable to do so, except while holding them and making extension.

August 9th (21st day).—I removed all the dressings. Motion between the fragments had ceased, but the projection and shortening remained as before; now, also, the irregular projections of the fractured bones were more distinctly felt. The dressings were never re-applied. Three months later no change had occurred. He could carry the elbow forward freely, as well as backward, the motions of the shoulder-joint being unimpaired.

Case III.—*Simple Fracture, with Displacement; resulting in Deformity and Non-union.*

L. B., of Lockport, æt. 43, was thrown from his horse in February, 1854, striking upon his right elbow.

Dr. Maxwell, an experienced surgeon of Lockport, examined and dressed the fracture. Dr. Fassett was present and assisted at a subsequent dressing. Three surgeons who examined the arm before Dr. M., called it a dislocation.

Twelve weeks after the accident, Mr. B. called upon me. The right arm was shortened one inch; the elbow hung off slightly from the body; the upper end of the lower fragment was distinctly felt in front of the shoulder-joint under the clavicle, feeling very much like the head of the bone. The fragments were not united,

but they could be seized easily, and made to move separately and freely. He stated to me that he was subject to rheumatism, and especially in the shoulder and arm of the side injured. He wished to know whether it could not be "re-set."

Two years after, I found the bone still ununited. He was, however, able to write with that hand, having first lifted his arm with the other hand and laid it upon the table.

Case IV.—*Simple Fracture; probably impacted; resulting in Deformity.*

Wm. A., of Buffalo, æt. 15, fell backward, June 4, 1855, striking on his back and left shoulder. Dr. L. saw it immediately, and, regarding it as a dislocation, attempted its reduction. He subsequently repeated the attempt. I saw the patient with Dr. L. on the tenth day. The arm was shortened one inch and a half. The fragments were displaced forward, prominent in front of, and a little below the joint. As in case No. III., it might easily be mistaken for the head of the bone; but the difficulty of diagnosis had been very much lessened by the subsidence of the swelling. There was no motion between the fragments; nor could the deformity, by any manipulation or extension, be made to disappear. It was probably impacted.

March 23, 1856, nearly ten months after the accident, I found the fragments remaining as when I first examined the limb, and the arm shortened one and a half inches. The elbow hung a very little back from the line of the body. The upper end of the lower fragment was lifted to within one inch of the head of the humerus; the upper fragment having its head in the socket with its lower end downward and forward. The arm was, however, in every respect, as useful as before it was broken. It was equally strong, and he could raise his arm as high, and move it in every direction as freely as he could the other.

Causes.—Epiphyseal separations belong almost exclusively to children, but true fractures at the surgical neck occur most often in adult life; with the exception of the two lads, one of whom was twelve years old and the other fifteen, all of the examples of this latter accident seen by me occurred in adults, and of twenty cases in which I find the ages recorded, the average age is forty-three years; yet, A. Cooper declares these fractures to be most common in infancy, while Malgaigne has never seen a case in a person under fifty-three years.

Both epiphyseal separations and fractures at this point are occasioned, in most cases, by direct blows or falls upon the shoulder. Of nineteen examples in which I find the cause recorded, fourteen were from direct blows, four from indirect blows, and one from muscular action, as in throwing a ball. Of the four resulting from indirect blows, one was from a fall upon the hand, seen by Desault, and three were from falls upon the elbow, of which two were seen by Desault, and one (Case IV.) by myself.

Pathology.—I have found the fragments sensibly displaced in five cases out of seven; a proportion much greater than has been observed by Malgaigne, who has only seen a displacement twice in more than twenty cases. It is certain, however, that complete or sensible displacement is less common in this fracture than in most other fractures, the broken ends being retained in place, probably, by the long tendon of the biceps.

As to the direction of the displacement, I have seen the upper end of the lower fragment drawn forward and upward toward the coracoid process three times, in one of which examples the upper fragment plainly followed in the same direction. Sir Astley Cooper declares that with infants this direction is constant, and in museum specimens I have seen but one exception. In the specimen of fracture of the surgical neck, with also displacement of the head, belonging to Dr. Pope, this direction of the fragments is plainly seen, as also in a specimen belonging to Dr. Neil, of the Pennsylvania Medical College, where the lower fragment almost reaches the coracoid process, and in a specimen contained in one of the cabinets of the University of Pennsylvania, where the upper end of the lower fragment has become united by bone to the coracoid process.

The only exception which I have met with is in the possession of Dr. Neil. In this example the two ends are tilted toward the axilla. In the recorded examples, also, I find the displacement forward mentioned four times, and the displacement toward the axilla but once. I am compelled, therefore, to doubt the accuracy of Malgaigne's observations, who thinks he has seen the lower fragment most often drawn toward the axilla, as well as the observations of those who think that the upper fragment is generally displaced outward, yet no doubt they do sometimes assume this position. Desault has seen them both thrown backward; while Dupuytren, Paletta and others have seen them pushed outward; and I have in my cabinet the copy of a specimen in which both fragments are drawn outward, but the lower fragment is to the inner side of the upper.

When the fracture occurs at or near the epiphysis, it is sometimes accompanied with impaction of the same character as we have already described when speaking of fractures through the tubercles. Robert Smith has given, in his treatise, an engraving intended to illustrate the relative position of the fragments in extra-capsular impacted fractures, and the line of separation very nearly corresponds to the line of junction of the epiphysis with the shaft.

But in a majority of cases no impaction occurs. Dr. Charles A. Pope, of St. Louis, Mo., has two specimens of this kind, in which no union has taken place, nor is there any evidence that impaction had ever occurred. In one case the line of fracture commences at the junction of the head with the shaft, and extends thence

irregularly across to a point half an inch below the greater tuberosity. In the second specimen, the fracture commences at the same point and terminates three quarters of an inch below the greater tuberosity. In relation to these bones Dr. Pope remarks: "These are not cases of detachment of the epiphyses, as the bones are evidently those of adults; and there is at their lower extremities, above the condyles, no trace of an epiphyseal line."

Results.—Four of the examples of fracture of the surgical neck seen by me resulted in perfect limbs, and three are more or less deformed; but it has already been noticed that of the whole number only five were ever displaced, and of these five only two are completely restored. In one of these, no bony union has taken place after the lapse of two years or more. It is satisfactory, however, to know that, with the exception of this last (Case III.), all of the patients have recovered the free and complete use of their arms.

Symptoms, or Differential Diagnosis of Accidents about the Shoulder-Joint.

No place could be more appropriate than this to call attention to the difficulty of diagnosis in the case of accidents about the shoulder-joint, a difficulty which surgeons have constantly recognized, and which has sometimes rendered diagnosis impossible. But I have considered this subject so fully in my report to the American Medical Association,* that I shall refer my readers to that paper, and shall present in this place only an epitome of the most prominent diagnostic signs.

Let us first study the ordinary signs of a dislocation at the shoulder-joint, regarding this as the type with which the other accidents are to be compared.

A. Signs of a Dislocation. (*Cause*, generally occasioned by a fall upon the elbow or hand.)

1. Preternatural immobility.
2. Absence of crepitus.
3. When the bone is brought to its place it will remain without the employment of force.

These three are common signs, which apply to any other joint as well as the shoulder.

4. Inability to place the hand upon the opposite shoulder, or to have it placed there by an assistant, while at the same time the elbow touches the breast. This is a sign common to all of the dislocations of the shoulder.†

The following are special signs, or such as belong only to particular dislocations of the shoulder.

5. Depression under the acromion process; always greatest underneath the outer extremity, but more or less in front or be-

* Transactions of the American Medical Association, vol. ix., p. 129.

† Report on a new principle of diagnosis in dislocations of the shoulder-joint, by L. A. Dugas, Prof. of Surgery in the Medical College of Georgia. Trans. Amer. Med. Assoc., vol. x., p. 175.

hind, according as the dislocation may be into the axilla, forward or backward.

6. Round, smooth head of the bone felt in its new situation, and very probably removed from its socket; moving with the shaft. Absence of the head of the bone from the socket.

7. Elbow carried outward, and in certain cases forward or backward; and not easily pressed to the side of the body.

8. Arm shortened in the dislocation forward, and slightly lengthened when in the axilla.

B. Signs of a Fracture of the Neck of the Scapula. (*Cause,* generally a direct blow.)

1. Preternatural mobility.

2. Crepitus generally, detected by placing the finger on the coracoid process and the opposite hand upon the back of the scapula, while the head of the humerus is pushed outward and rotated.

3. When reduced it will not remain in place.

4. The hand may generally, but with difficulty, be placed upon the opposite shoulder.

5. Depression under the acromion process, but not so marked as in dislocation.

6. Head of the bone may be felt in the axilla, but less distinctly than in dislocation. Never much forward or backward. Head of the bone moves with the shaft. Head of the bone not to be felt under the acromion, although it has not left its socket.

7. Elbow carried a little outward, but not so much as in dislocation. Easily brought against the side of the body.

8. Arm lengthened.

9. The coracoid process carried a little toward the sternum, and downward.

10. Pressing upon the coracoid process it is found to be movable, and it is also observed that it obeys the motions of the arm.

C. Signs of Fracture of the Anatomical Neck of the Humerus. Intra-Capsular. (*Cause,* a direct blow; generally opening to the joint, but not always.)

1. Mobility not increased, nor diminished.

2. Crepitus, generally discovered by pressing up the head of the bone into its socket and rotating; or when the tubercles are also broken, by grasping the tubercles and rotating the arm.

3. Fragments not generally displaced.

4. The hand can be placed easily upon the opposite shoulder.

5. Very slight, if any, depression under the acromion process.

6. Head of the bone generally in its socket, but not felt so distinctly as before the fracture.

7. Elbow falls easily against the side of the body, or is easily placed there.

8. Arm not lengthened, nor appreciably shortened, unless the head be driven so much into the body as to separate the tubercles.

9. In this latter case there are present also the signs of fracture of the tubercles.

D. Signs of Fracture of the Humerus through the Tubercles. Extra-Capsular. (*Cause,* direct blows.)

1. Generally, there is neither marked mobility nor immobility, except what immobility may be due to a contusion of the muscles.

2. Crepitus, discovered, but not so easily as in intra-capsular fractures, by rotating the arm, while the tubercles are grasped firmly.

3. If displacement exists, the fragments are not always easily kept in place when once reduced.

4. The hand can be placed upon the opposite shoulder.

5. No depression under the acromion process.

6. Head of the bone in its socket, and moving with the shaft, when, as is usually the case, it is impacted.

7. Elbow hangs against the side of the body.

8. Arm shortened when impacted, but not very appreciably.

The signs which characterize this accident are more obscure than in either of the other shoulder accidents. They are mostly negative, and will not generally be determined positively except in the autopsy.

E. Signs of a Longitudinal Fracture of the Head and Neck, or splitting off of the Greater Tubercle. (*Cause,* direct blow upon the front of the shoulder.)

1. Mobility of the limb natural.

2. Crepitus; elicited especially by grasping the tubercles and rotating the arm, or by carrying it up and back and then rotating.

3. When reduced, the fragments will not remain in place.

4. The hand can be placed upon the opposite shoulder.

5. Some depression under the acromion process.

6. A smooth bony projection directly underneath the coracoid process, or close upon its inner or outer side, moving with the shaft. The head of the bone cannot be felt in the socket, yet the space under the acromion is not entirely unoccupied.

7. Generally, but not always, the elbow hangs against the side. Sometimes it inclines a little backward. It can always be easily brought to the side.

8. Arm generally neither lengthened nor shortened.

9. A remarkable increase in the antero-posterior diameter of the upper end of the bone.

10. A deep vertical sulcus between the tubercles, corresponding with the upper part of the bicipital groove.

F. Signs of a Fracture through the Surgical Neck. (*Cause,* direct blows.)

1. Preternatural mobility often, but not constantly present.

2. Crepitus, produced easily when there is no impaction, or when the displacement is not complete, but with difficulty when impaction exists or the displacement is complete.

3. When once the fragments have been displaced, it is exceedingly difficult ever afterward to maintain them in place.

4. If the fragments remain in place, the hand can be easily placed upon the opposite shoulder. When completely overlapped, it is difficult.

5. A slight depression below the acromion, not immediately underneath its extremity, but an inch or more below.

6. Head of the bone in the socket, and moving with the shaft when impacted, but not moving with the shaft when not impacted. The upper end of the lower fragment being often felt distinctly pressing upward toward the coracoid process; its broken extremity being easily distinguished by its irregularity from the head of the bone.

7. Elbow hanging against the side when the fragments are not displaced, but away from the side when displacement exists.

8. Length of arm unchanged unless the fragments are impacted or overlapped; or both fragments are much tilted inward. If the fragments are completely displaced, the arm is shortened.

G. Signs of a Separation at the Epiphysis. (*Cause,* direct blows.)

1. Preternatural mobility.

2. Feeble crepitus; less rough than the crepitus produced when broken bones are rubbed against each other.

3. Fragments replaced are not easily maintained in place.

4. Same as in preceding variety of fracture.

5. The depression is not immediately under the acromion, yet higher than in most fractures of the surgical neck, perhaps three quarters of an inch below the acromion process.

6. Head of the bone in its socket, and not moving with the shaft. Upper end of lower fragment projecting in front, when displacement exists, and feeling less sharp and angular than in case of a broken bone; indeed, being slightly convex and rather smooth, it may easily be mistaken for the head of the bone.

7. Same as in preceding variety.

8. Length of arm not changed unless the fragments are overlapped, or both fragments are tilted upon each other. When the fragments are overlapped, the arm is shortened.

9. This accident is almost peculiar to infancy and childhood. It seldom occurs after the fifteenth year.

There are other accidents about the shoulder-joint, such as a pathological partial luxation of the humerus, dislocation of the tendon of the biceps, &c., which might possibly be confounded with fractures, but the consideration of which I shall reserve for another time.

[To be continued.]

EXCISION OF THE KNEE-JOINT.

[Reported to the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY SAMUEL CABOT, JR., M.D.

Wm. H., laborer, 20 years of age, leuco-phlegmatic constitution. In February, 1853, while at work in the woods, he found his right knee "getting stiff," as he said. This symptom increased from day to day, so that he was obliged after a few days to give up work, and lie still for three or four weeks. He then went to work again, and continued at work for about a fortnight, when his knee troubled him so much that he was obliged to quit work again. On the 2d of April, 1853, he entered the Massachusetts General Hospital, where he remained for three weeks, after which he was well enough to work on a farm, until June, 1854, at which time his knee became again so painful and stiff that he entered the hospital a second time. Under the use of issues, &c., he recovered the use of his limb sufficiently to go to work again for a month. He called on me in September, 1854, with some return of the inflammatory symptoms about the joint. I advised him to take a voyage to Ireland, which he did, and remained about four months in that country, among his friends. On his return, he showed me his knee, which seemed to be almost perfectly well. I cautioned him to use it carefully, and advised him to work in the open air. He went on to a farm, and continued at farm work until April, 1856, at which time he came to the city, and drove a team until Aug. 29th, 1856, when one day, in walking along the sidewalk, he fell through a scuttle, producing an injury of the joint which had been in trouble before, and causing an inflammation which laid him up for 6 weeks; after which, he got about again and drove his team for a month. But inflammation coming on again, he was laid up all winter, and on the 5th of May, 1857, he entered the Hospital by my advice.

On the 6th of May, after having the case represented to him, he decided to have excision of the joint performed. At the time of his entrance, and for some time previous, he had had a discharge of a purulent fluid from a sinus, opening just above the outer hamstring, between it and the external condyle of the femur. The joint was swollen, and somewhat tender. Motion was painful. The foot was everted. He had no cough, and no symptoms of trouble in the chest. His health was somewhat deteriorated by confinement and suffering, but his appetite was fair, and his digestion good.

May 6th, 1857, he was taken to the amphitheatre and fully etherized. The operation was performed by the H incisions. It being found difficult to get at the joint without removing the patella, moreover that bone being found much diseased, it was removed; the joint was freely opened, the ends of the bones pushed up, and

freed from the soft parts, and a bow saw with a very narrow blade, the teeth of which were directed upward, was pushed over the ends of the bones, from which slices were removed, by sawing from behind forward. Finding that there were several cavities, containing tubercular-looking matter, which were left behind, and not wishing to shorten the limb more than was absolutely necessary, I removed these diseased parts with the gouge and gouge-forceps, connecting the cavities thus formed with the exterior of the bone by canals, so as to allow the fluids freely to discharge themselves. The limb was then straightened, and the skin having been brought together with stitches, it was placed in a gutta-percha trough splint, previously fitted to it, with a hole cut corresponding to the ham, to allow the escape of the fluids. The surfaces of the bone came well together, the limb being perfectly straight, and only about an inch shorter than the sound one.

The Hospital Record shows that he had some pain, requiring opiates, and some fever, with acceleration of the pulse, for about a week, at the end of which time suppuration was fully established, amounting, by estimate, to about three ounces per diem. The appetite was good; he was taking beef tea, chicken, &c., with a good relish. Partial union of the skin, by the first intention, took place. He required tonics, porter, and stimulating diet, for something more than a month. At the end of six weeks the bones were found to be united and quite firm, though the patient was timid, and unwilling to allow the limb to be handled without taking hold of it himself.

Three months after the operation he had an injection of nitric acid, diluted with water, for a couple of sinuses which were still open and discharging, and at the bottom of which rough bone could be felt. At that time he walked about the ward on crutches. The injection several times caused inflammation, and some constitutional disturbance, though on the whole it seemed to be useful. The discharge gradually diminished. Several small bits of bone were from time to time removed. He got out of doors, and walked about the grounds in the course of the fourth month, with decided advantage to his health and appetite. He gradually got to using one crutch, then a cane, and at this time he can walk about without any cane. He keeps a fruit-stall at the North End; he buys his own fruit, and walks about town freely. He has this evening ridden to my house, and walked from thence to the meeting, keeping up with me at my ordinary gait when not hurried, and has walked up the two long flights of stairs to this room nearly as fast as I should have done if unaccompanied. There is still a sinus open, from which escapes a small quantity of watery fluid, but it very seldom annoys him. He has had one slight attack of redness and pain since leaving the Hospital, followed by a discharge of pus, from which, however, he entirely recovered in a few days. The bony union is complete and firm.

IMPACTED RECTUM, CAUSED BY EATING STICK CINNAMON.

[Reported to the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY ROBERT WARE, M.D.

C. G., a boy 10 years of age, ate, late in the afternoon of Saturday, April 11th, very freely of stick cinnamon. He was playing on the wharf, and easily obtained large quantities of it. He continued to eat it at intervals through the evening, and felt no inconvenience till he went to stool at noon on Sunday. He then found that he could pass nothing, but had considerable soreness about the anus, from which he drew several pieces of the cinnamon. He kept about during the day, though in considerable pain, and appeared on the stage at Sunday School that night.

On Monday, the pain was worse, but his appetite continued good and he went to school. At noon he began to have a thin, scanty, high-colored, offensive, involuntary discharge from the bowel. He told the family that he had a diarrhœa ; his evident disinclination to move was ascribed to this cause, and he took some paregoric.

On Tuesday, the pain had increased so much that he could scarcely sit without crying. His appetite was diminished, but he was at school that day.

On Wednesday, he complained of the soreness of the rectum. An examination was made by Dr. John Ware, who was attending the family, and the lower part of the bowel was found to be completely filled with the sticks of cinnamon. An enema of sweet oil was ordered, which brought away a few pieces.

On Thursday, the patient being etherized, I passed the finger into the rectum and proceeded to break up and hook down the mass. After about twenty minutes, all had been brought down which could be reached by the finger. The cinnamon was in pieces varying from one-fifth to one-fourth of an inch in length (some of them were upward of half an inch); the quantity removed amounted to half a teacupful. At first there was but little action on the part of the intestine, but latterly there was much bearing down of the rectum, which helped to bring away the mass, and to force that above down within reach of the finger. He was ordered a dose of castor oil and an enema. The oil operated in about three hours; the dejection consisting of matter, such as had been brought away. After the enema he had a second discharge, the last half of which was fæcal and with no sticks in it. The discharges after this were wholly fæcal. He had no further trouble, except a slight soreness which lasted a few days. The cinnamon, washed clear of all extraneous matter, amounted to a moderate sized teacupful. The occurrence of the watery discharge is worthy of notice, since, without any examination of the rectum, it would have misled the physician as to the nature of the case.

About four years ago I saw a case of obstruction from the same cause, which also occurred in Dr. John Ware's practice. The boy

then went a week without any discharge, complaining at first only of costiveness, till the soreness about the anus led to an examination. Rather a longer attempt was made to remove the mass by cathartics and injections, but it was finally taken away with the finger. The quantity removed was larger than in the case above reported, amounting to nearly half a pound; a large quantity of fæces was passed afterwards, and the boy recovered without any bad symptoms.

I do not know if other cases of obstruction from this particular cause have been reported, but, considering how often cinnamon is eaten by children playing about the wharves, it is a little strange that they are not more frequent.

DR. SKINNER'S FRACTURE APPARATUS.

[Communicated for the Boston Medical and Surgical Journal.]

The mechanical contrivances for obtaining and maintaining proper position of fractured bones, have been so numerous, and in some instances of so complicated a character, that the general practitioner in the country, who has to give equal attention to all branches of the profession, often finds it difficult to decide upon the particular apparatus he shall use, and sometimes almost impossible to understand the practical application of the instrument in question.

It appears to me to be a very great desideratum for the practitioner to have an efficient yet uncomplicated and economical fracture apparatus, of easy and ready application, and at the same time efficient in fulfilling the various and multiform indications required. This matter, perhaps, assumes greater importance in this locality (near Dartmouth College, N. H., and Woodstock, Vt.), because of the frequent suits for mal-practice which have taken place of late years.

The desideratum mentioned, it seems to me, can be obtained by the use of Dr. S. A. Skinner's improved fracture apparatus, manufactured by G. A. Watkins & Co., Springfield, Vt. (the sole owners of the patent right), better than by any other contrivance I have examined. The apparatus for fracture of the lower extremities particularly, commends itself as a superior arrangement. The extension and counter extension can be maintained in a direct line with the fractured bone. The suffering from the confined and fixed position of the patient, and the constant pressure upon the same parts, which is unavoidable with most contrivances, is obviated. The position of the limb can be changed, either flexed or extended, without disarranging the apposition of the bones or any of the dressings. In cases of compound fracture the bandages may be removed for any examination or local treatment necessary, without disturbing the extension and counter extension of the

limb, as the extending force is made outside of the splint. A most valuable addition to this contrivance is Watkins & Co.'s improved oscillating or swing splint. After the limb is arranged in the apparatus, it can then be swung on this oscillating splint, which keeps it secure from the pressure of bed-clothes or injury of any kind, and at the same time permits the patient to move his limb and even his whole body in bed, obtaining whatever position he may desire.

I have not attempted a description of the apparatus, but merely wish to mention some of the advantages belonging to this interesting contrivance, and feel confident that it is the most simple in construction, easy of adaptation, at the same time efficient and economical in character, that the ingenuity of man has wrought out; and commend it to those who wish to be ready for the emergencies that are constantly presenting themselves to the physician, and which he should be ready to meet if he regards the welfare of his patient, or his own reputation and success in life.

Queechy, Vt., July 10th, 1858. P. Pineo.

STATISTICS OF TRACHEOTOMY.

[Translated from the *Gazette des Hopitaux*, March 13th, 1858, for the Boston Med. and Surg. Journal.]

The statistics of the operations of tracheotomy performed during a number of years at the *Hôpital des Enfans* at Paris, where the effects can be observed upon an extended scale, must always be interesting and valuable. In former years we have frequently entered into practical details on the subject. We now quote from the *Journal of Practical Medicine and Surgery* the following statistics relative to the operations of tracheotomy performed during the eight years just elapsed.

The following is the list of these operations from 1850 through 1857, with the number of cures obtained:

1850—20	operations	6	recoveries.
1851—31	"	12	"
1852—59	"	11	"
1853—61	"	7	"
1854—45	"	11	"
1855—48	"	10	"
1856—55	"	14	"
1857—71	"	15	"
Total, 390		86	

It will be seen by the above table, that the proportion of recoveries, although very unequal in the several years, presents a very similar general average; that is, from 1 in 4 to 1 in 5 of the whole number operated on yearly. It should be mentioned that the majority of the children operated on were in the last stage of croup, and were consequently in imminent danger of death.

M. Guersant, in whose wards this estimate was prepared, gives the following summary of the indications for and against tracheotomy, based upon the age of the children, the existing complications, &c.

Age is an important element to be considered. Amongst the cases which compose the above table, there is one of a child 18 months old, who died with convulsions during tracheotomy. M. Chaillon, the author of the article cited by us from the *Journal of Practical Medicine and Surgery*, states that he saw, on the 7th of January last, a little girl of two and a half years die during the operation, notwithstanding the well-known skill of the surgeon. He had also seen a similar case in private practice—the patient being also a girl less than three years old.

Nevertheless, whilst the peculiar difficulties of tracheotomy in subjects under the age of two years are admitted—difficulties ascribable to the restricted relations and volume of the parts at that age; to the dangers of a minute, long and delicate dissection; and especially to the small size and mobility of the trachea, which often allow of the insertion of the tube only with extreme difficulty—M. Guersant does not consider the youth of the patient an absolute contra-indication to tracheotomy.

The same is true as regards pneumonia, when it complicates pseudo-membranous croup. For a long time, says M. Chaillon, the existence of this complication was thought sufficient wholly to contra-indicate tracheotomy. At present, M. Guersant adopts the opposite opinion; and he has become convinced that, in establishing respiration by an artificial track, he has favored the resolution of the pneumonia. He admits but one decided contra-indication to opening the trachea in croup—and that is, diphtheritic infection, or general diphtheritis. When a child whose vocal chords have been invaded by false membranes, exhibits at the same time similar morbid products in the nose, the ears, or upon the skin; when there are attacks of epistaxis and every sign of extreme debility—tracheotomy will be useless; the child will inevitably die.

M. Guersant does not, moreover, consider the extremest degree of asphyxia an insurmountable obstacle to the success of the operation, provided the condition is permanent, and has continued for at least an hour, with a persistent character.

Slow and continued asphyxia is, indeed, the very state which is the chief indication for tracheotomy, according to M. Guersant. It is, then, the only thing to be done—the re-establishment of respiration being that alone which can keep the child alive.

There is a sort of asphyxia which does not so imperatively call for the operation—viz., the intermittent form. M. Guersant has seen children making violent efforts to breathe and seemingly about to die instantly; false membrane having been discharged, the nature of the disease was certain. Notwithstanding, the friends having opposed the operation deemed necessary by the surgeon, the

usual means were employed—such as emetics, calomel, alum, and chlorate of potash—and the patients have recovered. But with the exception of these rare instances and of the far more common cases of general diphtheritis, M. Guersant thinks that, as a general principle, tracheotomy is distinctly indicated whenever there is continued and increasing embarrassment of the respiration.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 22, 1858.

THE MEDICAL ART IN CONNECTION WITH EDUCATION.

A LITTLE volume has recently been published, written by one of the master spirits of our profession, Dr. Gairdner, of Edinburgh, consisting of three lectures, with notes and an appendix, on the subject of Medicine and Medical Education, which we have read with great interest, on account of the philosophical views it contains. The second lecture, on the relations of the medical art with popular education, shows that much of the quackery with which the public is abused arises from general ignorance as to the powers and scope of medicine in controlling disease. It is a pity that some light cannot be shed on this subject, that the community cannot be made to see that the physicians stands in the relation of the servant of Nature, and not of her master; and that his duties lie in aiding her efforts and in obeying her commands, rather than in opposing her, *vi et armis*. The popular notion of a doctor is, one who is in a perpetual state of hostility with various diseases, armed with lancet and drugs which are to be used as the engines of war, every article of the pharmacopœia being destined for some particular disorder. Hence the general belief in specific remedies, and the success of those who vaunt the power of their secret remedies for particular diseases. We have lately seen admitted into the reading columns of a respectable daily paper of this city a long communication, doubtless written by some one who has a pecuniary interest in its sale, setting forth the virtues of a quack medicine which is known by those best able to judge of its merits as of no special value. In this way the error of which we speak is widely spread. The community are led to suppose that certain diseases are more effectually cured by means of this preparation than in any other way, and that the great thing in the treatment of disease is to find some drug for every disease. "In particular," says Dr. Gairdner, "it ought to be known, that the desperate search after a *remedy*, at any cost, and under any conditions, is utterly opposed to the cultivation of a sound moral relation between the physician and the patient. In the latter, it begets a habit of dissatisfaction and fault-finding if the cure is delayed. In the physician, on the other hand, it most directly encourages that fatal tendency to over-drugging, or of deception under the form of *placebos*, from which we have seen the recoil into homœopathy and countless other systems of magnificent nonsense."

A popular treatise on the powers of the medical art is greatly needed, to show that the treatment of disease consists less in the mere

administering of drugs, than in giving the right medicine at the right time; often withholding it altogether, even when vehemently desired by the patient or his friends. In the words of the author whom we have already quoted, "the physician stands by, the earnest watcher of nature's process; he removes whatever of external hindrance is in the way, and endeavors by simple, mostly palliative remedies, by regulated diet, by attention to sleeping and walking, and to the due performance of all the physiological functions, to rescue the patient from those dangers to which he would inevitably expose himself when unassisted, and when suffering under the vitiated tastes and feelings that accompany disease."

PUBLIC HEALTH.

A few weeks ago we called attention to a nuisance which has for some time prevailed in the western part of the city, to the great annoyance of the inhabitants. How far it will affect the health of those residing in the vicinity, and even of more remote citizens, time will show. We freely admit that hitherto Boston has been quite healthy, the rate of mortality being low for the season, which, however, is to be in part attributed to the customary diminution of the population at this season. We have no doubt the prevailing odor in the district alluded to will induce all, who are able, to decamp as speedily as possible, for the sake of exchanging the odor of sulphuretted hydrogen for the pure breezes of the country and sea-shore. The effects, if any, of this pollution of the atmosphere, will be felt at a later period. It is not the first few whiffs, but the continued inhalation of the gases of decomposition which poison the system, and produce, or predispose to diarrhœa, dysentery, typhoid fever, cholera and other epidemics.

The prevailing winds at this season are the South and West, and they carry the effluvia across a large part of the city. The odor can be easily perceived on any of the streets covering Beacon Hill, but is especially evident in Beacon, Charles, Chestnut, Mt. Vernon and Pinckney streets, as well as those at right angles with them. The presence of sulphuretted hydrogen in it is shown by a curious test; it has been noticed of late that the silver door-plates in that neighborhood became quickly tarnished. This has greatly excited the surprise and vexation of careful housekeepers, who complain that soon after the plate has been polished up, it becomes covered with a dark film, giving a most slovenly appearance to the front door. If the polishing is omitted for a few days, the plate becomes almost black from the action of the sulphur.

The attention of the City Government was called to the subject of public health by the City Physician in his Quarterly Report of January last, and a renewal of the sanitary measures which were adopted in 1854 was recommended. As that Report never was printed, we will quote from it a few sentences of much interest, premising that Dr. Clark, in his Quarterly Report of July 8th, 1858, again urged the importance of attention to the investigation and removal of all sources of disease arising from want of cleanliness, referring to this very Report of January. Dr. Clark says as follows:—"I have only to report a *single death* from smallpox during the year, and there is good reason to hope that for the future the disease will never again prevail to any extent in our city, so long as vaccination is attended to so generally by the profession and the people themselves.

"The general health of the city has been good. There have been no epidemic or malignant diseases, and the mortality from all causes has been unusually small, being less by 300 than in 1856, and by 900 than in 1849. The mortality in that year was 4829, and that of the last year only 3958.

"The advance in this respect seems to be fairly attributable to the great improvement in drainage, and the general cleanliness of the city since the introduction of the Cochituate water.

"But the facts which I have obtained through the courtesy of the City Registrar, from his forthcoming annual return to the State, show conclusively that much more might be done to improve the sanitary condition of the city, and for the removal of the causes of mortality which are within the reach of legislation and the executive power of the government.

"The population is now 170,000. Of this, about 70,000 may be estimated as including the lower and laboring classes—that is to say, those whose means of living are below the average in the scale of comfort.

"The Registrar has separated the mortality of each class; and the result shows a striking disparity against the lower classes. The operating causes are known to be those connected with over-crowded tenements, deficient drainage, ventilation, and intemperance.

"The returns give substantially the following results: and from the well-known accuracy of the Registrar, and from my own personal observation and knowledge of the localities, I think they must be quite reliable: 'The number of deaths occurring in the 100,000 persons who may be considered as having more of the comforts of life, the last year was 1196; while, in the second class (70,000), they amounted to 2762!'

"I respectfully suggest the expediency of repeating the present year the sanitary examination and report to the Board of Health which was made in the spring of the year 1854. Blanks prepared for this purpose are already on hand in this office, and the whole may readily be done (by the aid of the police department) without expense to the city."

We have no disposition to croak; if the dose of sulphuretted hydrogen which we have to inhale is so largely diluted with atmospheric air as to be innocuous, the evil which we complain of is not one to be noticed in a medical journal; the daily papers must take cognizance of it. We only wish to call attention to the subject, in order to expose a possible source of epidemic disease. We think the matter should be inquired into, if only on the principle that "an ounce of prevention is worth a pound of cure," a maxim whose truth is nowhere more clearly shown than in the effects of sanitary measures in warding off disease.

Dr. Thomas Peniston has resigned the chair of Clinical Medicine and Auscultation in the New Orleans School of Medicine, and Dr. Austin Flint, of Buffalo, has been elected to fill his place.—Prof. S. G. Armor has resigned the chair of Pathology and Clinical Medicine in the Missouri Medical College of St. Louis.—Dr. B. L. Jones has been appointed to the professorship of Chemistry in the Oglethorpe Medical College.—Dr. J. C. Nott has resigned the chair of Anatomy in the University of Louisiana. Prof. T. G. Richardson succeeds him.

Treatment of Dysmenorrhœa.—Dr. Fenner, of New Orleans, extols the following mixture in the treatment of dysmenorrhœa. Take of gum guaiac., one ounce; Canada balsam, one ounce; oil of sassafras, two drachms; corrosive sublimate, one scruple; alcohol, eight ounces. Dissolve the guaiac and balsam in one half the spirit, and the corrosive sublimate in the other. Let the guaiac and balsam digest several days; then pour off the clear liquor, mix with the sublimate and add the oil. The dose is twenty-five drops in an infusion of sage, or sweetened water, night and morning, beginning a day or two before the expected period, until the discharge is fully established. In obstinate and severe cases the medicine should be commenced a week or ten days before the period.

In very severe cases he uses the following with much benefit: Take of spirit of camphor, three drachms; chloroform, two drachms; tincture of opium, one drachm. Mix. A teaspoonful in sweetened water every hour till relieved.—*New Orleans Medical News and Hospital Gazette.*

Local Anæsthesia by Electricity in the Extraction of Teeth.—Prof. C. A. Harris, of Baltimore, has tried the new method of preventing pain in the extraction of teeth, and reports favorably respecting it in his Journal. After some successful experiments at the College, he adopted it in his private practice, and, he says, "the result thus far has certainly been very satisfactory—a large majority of his patients, for whom he has extracted teeth, having assured him that they experienced no pain while undergoing the operation, and, as a general thing, those who did suffer stated that the pain was much less than what they usually suffered under the operation. The anæsthetic effect of the electric current seems to be different in different individuals. When the tooth can be grasped and extracted without the instrument coming in contact with the gum, the operation has been apparently completely successful, but when it is pressed against the surrounding soft tissues, the entire current of the electricity does not pass through the tooth, and we presume it is for this reason that the operation is not then successful."

Nashville Medical Society.—The physicians in Nashville (Tenn.) have recently organized themselves into a society, adopted a constitution, and chosen officers for the current year. Meetings are appointed to be held monthly. Dr. A. H. Buchanan is President, Dr. S. S. Mayfield Vice President, and Dr. George S. Blackie Secretary and Treasurer.

Prof. J. W. Hamilton has become associated with Prof. John Dawson as joint editor and proprietor of the *Ohio Medical and Surgical Journal*, published at Columbus, in that State.

Mr. James Buchanan, who died recently at Edinburgh, has left £10.000 to the Royal Infirmary at Glasgow, his native city, and from £150,000 to £200,000 for the endowment of an industrial school foundation at Glasgow.

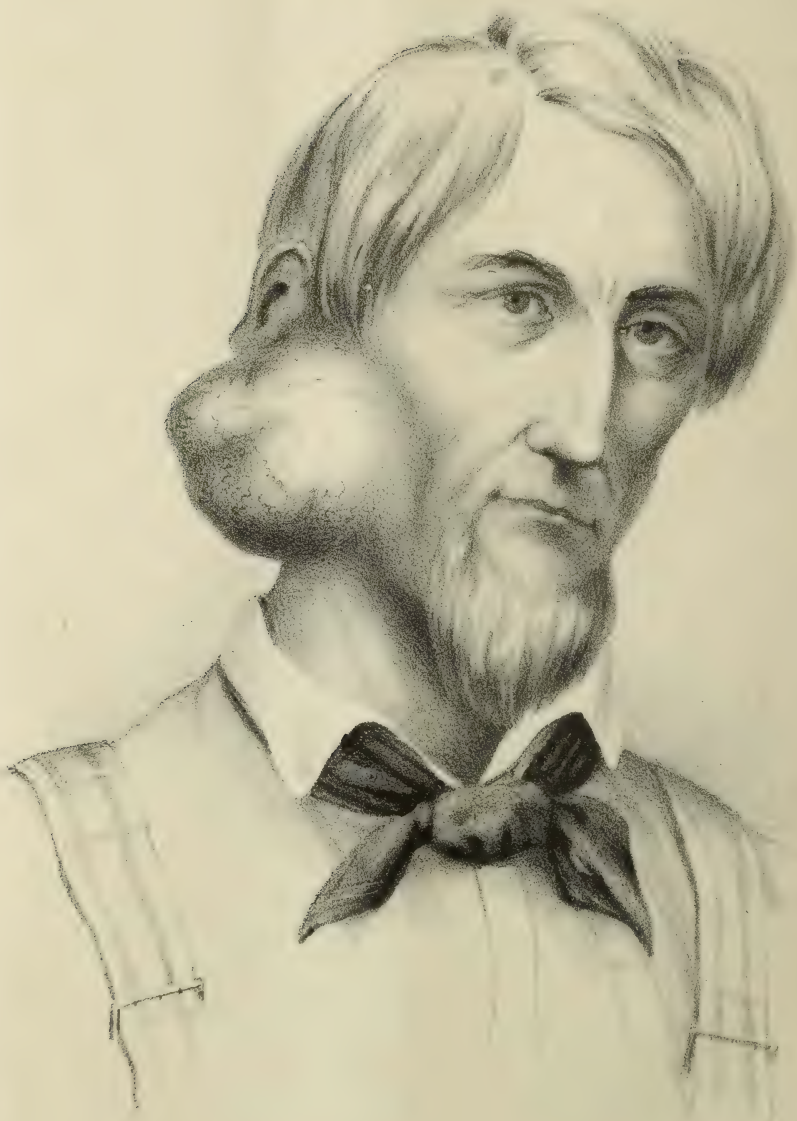
Health of the City.—Notwithstanding the deluge of sulphuretted hydrogen from the Back Bay and the river, Boston continues remarkably healthy, the number of deaths being but 53, and contrasting strongly with the mortality at this time a year ago, when the total number of deaths was 73, of which 17 were from consumption, 8 from scarlet fever, and 5 from typhoid fever.

Books and Pamphlets Received.—Lallemand and Wilson on Spermatorrhœa.—Proceedings of the Sixty-Sixth Annual Convention of the Connecticut Medical Society.

Died.—In Elmira, N. Y., 16th inst., Dr. O. D. Wilcox, by suicide. Dr. W. had been recently accused of surgical mal-practice, and criminal proceedings were instituted against him.—In San Francisco, Cal., June 8th, Dr. John Toomy, formerly of Chelsea, aged 38.

Deaths in Boston for the week ending Saturday noon, July 17th, 53. Males, 25—Females, 28.—Accident, 1—apoplexy, 1—inflammation of the bowels, 2—disease of the brain, 1—cancer (of the uterus), 1—consumption, 10—convulsions, 3—cholera infantum, 2—cholera morbus, 1—colic, 1—dysentery, 1—diarrhœa, 1—dropsy, 1—dropsy in the head, 2—debility, 1—infantile diseases, 1—puerperal, 1—erysipelas, 2—scarlet fever, 2—typhoid fever, 2—fracture (of the leg), 1—intemperance, 1—inflammation of the lungs, 1—marasmus, 2—old age, 1—palsy, 1—pyohæmia, 1—suicide, 1—teething, 2—tetanus, 1—unknown, 2—whooping cough, 2.

Under 5 years, 17—between 5 and 20 years, 6—between 20 and 40 years, 9—between 40 and 60 years, 15—above 60 years, 6. Born in the United States, 36—Ireland, 13—other places, 4.



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NOTES OF THE SURGICAL CLINIQUE AT CASTLETON MEDICAL COLLEGE.—[With a Plate.]

BY E. K. SANBORN, M.D., PROF. OF SURGERY.

[Communicated for the Boston Medical and Surgical Journal.]

THE establishment of a medical and surgical clinique at the Medical College, Castleton, Vt., during the last year, though undertaken as an experiment, added much to the interest and value of the regular courses of lectures of the last session. By the kind co-operation of the physicians of the neighboring towns and counties, the faculty were enabled to present to the class a great variety of cases, medical as well as surgical, and from the interest manifested in its success, it is anticipated that the clinique, as a permanent and prominent feature in the course of instruction at this institution, will contribute largely to its future usefulness and prosperity.

I give below a sketch of some of the more important of the surgical cases that were presented during the last term.

I. *Large Tumor in the Parotid Region.*—The subject of this tumor (very correctly represented in the accompanying lithograph) was a man about 45 years old. The tumor was a growth of twenty-five or thirty years' standing, and was steadily but slowly increasing in size. It was not painful, and was troublesome mainly in its interference with free motion of the head and lower jaw. It was a very good representation of a class of tumors that are not infrequently met with, and which have been variously described under the names of "parotid tumors," "tumors over the parotid," "tumors in the parotid region," &c.

Without discussing the general question of the extent to which the gland is implicated in these growths, or in operations on them, I will merely say that, in the present instance, the tumor did not involve the parotid, except by contact. The posterior border of the gland was overlaid by the tumor, and was displayed, but not wounded, during the operation. The deep attachment of the tumor was behind the ramus of the jaw.

Operation.—The patient preferred to endure the operation

without the aid of anæsthetics, and accordingly he was placed in a reclining position on the operating table, in presence of the class. Profs. Bradford, Seymour and Woodward, Dr. Hubbard and others, were also present, and gave me valuable aid. The first incision was about five inches in length, and extended from a point about half an inch in front of the lobe of the ear downward over the most prominent portion of the tumor. Care was taken to get quite through the capsule of the tumor, and it was then fully exposed by rapid dissection on each side. One small artery only required tying during this part of the operation. An accidental cut into the substance of the tumor bleeding rather freely, the further use of the knife was dispensed with, and the tumor was finally *torn out* with the fingers, entire, and without further bleeding. The patient bore the operation remarkably well. After exposure to the air, until all risk of hæmorrhage was past, the wound was closed with sutures and cold water dressing applied. The wound healed without an unfavorable symptom. The tumor was quite firm, and lobulated on the surface—in character, *fibro-cystic.*

II. *Melanotic Degeneration of a Nœvus. Removal.*—Mrs. B., a lady of 40, came before the class, accompanied by her physician, Dr. Stiles. Directly over the malar bone of the left side she presented a singular looking knob-like tumor of the size of a walnut, and *black.* It was surrounded by an elevated areola of a chocolate-brown color, interspersed with black spots. The tumor projected about an inch from the surface, and the brown-colored base was two inches in diameter. No pulsation could be detected in the tumor, but numerous feeding arteries could be felt leading to it. From infancy the patient has had a nævus in this situation, and only within the last three months has it taken the form of a tumor. Extirpation was advised and consented to.

Operation.—The tumor and most of the discolored base was included between elliptical incisions, with the intention of applying the ligature after Liston's method, should hæmorrhage prove severe. By cautiously cutting down upon and tying numerous small arteries leading to the morbid growth, bleeding was arrested, and the tumor was safely excised entire. The lateral borders of the wound being dissected up freely, they were drawn together and held by silver sutures. The wound healed speedily.

III. *Amputation of the Leg.*—Mrs. S., of New York, about 35 years of age, gave as her history, that, eight years since, she was thrown from a waggon and suffered severe injury of the foot and ankle, without fracture or dislocation, however. From that time to the present she has been unable to put the injured foot to the floor, and at times it is very painful. General health perfectly good. The most noticeable feature in the case was the low temperature of the foot. It was blue and cold invariably, according to the patient. The diagnosis in this case was, chronic inflammation of the tarsus, with a deficiency in the local circulation, refer-

rible (possibly) to an attack of *phlegmasia dolens,* which the patient had suffered ten years previous. Amputation was recommended as the only treatment.

Operation.—Ether being administered by Prof. Seymour, the limb was removed just above the ankle, by the circular method. There was no tendency to hæmorrhage, and only one small artery required tying. The edges of the wound were brought together and held by four silver sutures, and water dressing applied. On examining the stump on the fifth day, no ulceration was detected about the sutures, and from Dr. Wright, her attending physician, I learn that the stump healed with remarkable rapidity. Quite a number of the members of the profession from neighboring towns were present at this operation.

Examination of the foot after removal, revealed extensive inflammatory softening of the bones of the tarsus and the articular surface of the tibia.

IV. *Deformity arising from the Cicatrization of a Burn on the Face, Neck and Chest.*—The patient was a young lady 22 years of age. The burn was received when a child. A broad band extended from the side of the face and chin to the clavicle, everting the lower eye-lid and under lip, the effect of which was a frightful distortion of the features. Improvement, only, could be promised in this case.

Operation.—The patient was with great difficulty brought under the influence of ether, which was most carefully but perseveringly administered by Prof. Seymour. The band (cicatrix) connecting the face with the chest was then dissected up and removed entirely, which freed the head at once. The lateral borders of the wound were then freely dissected up and drawn forward in such a manner as to meet in the middle of the wound. The parts were then confined by three twisted sutures and twenty-two silver sutures (Sims's). The wound thus filled was very large, extending from the angle of the jaw to the clavicle, with a width of three inches. The middle portion of the wound united by primary adhesion. The extremities separated somewhat, but not sufficiently to interfere with the success of the operation.

In three weeks the wound had nearly healed. The head was elevated, the eye restored and general appearance much improved. The lip being still everted by a distinct cicatrix, it was removed by a

Second operation.—A freezing mixture being applied, a V shaped portion of the everted lip (including the cicatrix) was removed and the parts were then brought into proper position and retained by twisted sutures. This wound healed well, and the result was a still greater improvement in appearance.

V. *Ectropion of the Upper and Lower Eye-lids, resulting from a Burn.*—The patient was a lad 10 years old. The burn had been received within a year. A V shaped portion of the lower lid

was removed (which included the cicatrix), and the wound brought together with twisted sutures.

The boy being seized with fever and ague the following day, the operation on the upper lid was postponed.

VI.—*Hip Disease.*—The patient, a bright boy of 10 years, received a heavy fall on the hip, a year ago, since which time indications of trouble about the joint have been manifest. Within the last four months an ovoidal swelling was observed on the outer surface of the upper third of the thigh. It was thought that deep-seated fluctuation could be felt, and an exploring needle was accordingly introduced. About two ounces of a glairy, purulent fluid were withdrawn in this manner. The situation and character of the evacuated matter seemed to indicate a bursal origin. Immediate relief followed this operation, and the patient was able to run about without crutches. The result of the case remains to be seen.

VII. Miscellaneous cases. Polypus nasi—*operation.* Closure of nasal duct—*operation* (introduction of style). Enlarged bursæ over the elbow-joint—*operation* (puncture and iodine injections). Cases of frost-bite, diseases of skin, cataract and other diseases of the eye, cleft palate, and various deformities that did not require or admit of operations, were exhibited and explained, but demand no further mention here.

CASE OF CRIMINAL ABORTION.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY Z. B. ADAMS, M.D.

November 18th, 1857.—Mrs. ——, aged 32. Full habit, thin light hair, blue eyes, sallow complexion. Always enjoyed good health. Has menstruated regularly since 16 years of age. Menstruation always rather painful, the pain being dull, and situated in small of back. Never borne any children. Married two months ago. On the 7th of this month she supposed herself pregnant, having the following symptoms. There had been no appearance of the menses at the usual time, that is, about the second week of October last. Her breasts had become stiff, and presented a darker areola than ordinary, and she remarked some little rounded prominences upon the areolæ. She had had morning sickness, with slight mucous and bilious vomiting on getting out of bed, since the middle of October, and perhaps longer. She supposed herself to be about six weeks or two months advanced in pregnancy. For certain reasons of a private nature, which it is no of consequence for me to state, she desired to get rid of the child, and with this design she went to an abortionist. The operation, according to her description, consisted in the introduction of a blunt instrument,

probably a uterine sound. It occupied a few moments only, and gave her some not severe, dull, aching, pain in back, and a faint sensation. This was near her second menstrual period. I did not ascertain if the operator took any means to discover whether she were pregnant or not, before this operation. She felt no effect from this until the night of the second and beginning of the third day. The operation was performed on Saturday afternoon, Nov. 7th, and the first symptoms appeared on the Monday night following, at bed time, i. e., about fifty-four or fifty-six hours after. She then had distinct chills, accompanied and followed by thirst, restlessness, heat of skin, and other febrile symptoms. There was also, and for the first time, a thin discharge of a reddish color, and containing shreds. Several clots of blood were passed, and were carefully examined both by her husband and herself, but contained nothing. Early next morning she had sharp pains, which came and went, at short intervals, and were located in small of back and hypogastric region. Some of these she described as resembling the sticking in of sharp knives. She felt too sick to rise. During the following week these pains subsided a little, but did not entirely disappear. Occasionally they were very sharp. The discharge continued, and there were several clots passed, but no signs of a fœtus. The appetite was impaired, and she was sometimes feverish, particularly at night. Things continued in this state for about a week. Her breasts, which had been stiff and tender, became flaccid and painless, and their areolæ lost their deep color and became smooth. She had no more morning sickness. At the expiration of this time, her pains became suddenly aggravated in intensity. She had kept the house during the week, and been careful in her diet. The fever and thirst were less than at the first attack. This was all I learned of the history of the case previous to being called to her on the afternoon of Nov. 18th.

It is proper that I should here state that, before undertaking the case, I hesitated, and considered the responsibility I was assuming in attempting its management. Two courses presented themselves to me. The first was, to refuse to have anything to do with the case and advise her to go back to her abortionist and let him finish his work; the other was to demand that another physician be called in consultation. Such reasons were urged by the parties, however, as decided me to undertake the case.

Nov. 18th.—Examination of the patient. She was in bed, looking pale, perhaps somewhat anæmic. The face did not indicate suffering, but rather anxiety. The skin was rather hot and dry. Some thirst. The tongue had a thin, pale coat. Abdomen slightly tender on pressure above the pubes, and rather dull on percussion. No distinct tumor. The breasts were not hard, and the areolæ were a little darker than the surrounding skin. I have no record of the presence or absence of papillæ around the nipples. She was restless and uncomfortable, and complained of pain,

constant, and occasionally very sharp and cutting, in the small of back through to front. The bowels were regular, the motions somewhat costive. She had taken two teaspoonfuls of "solution of morphia," at intervals of a few hours, but without obtaining relief.

Examination per vaginam. The right nympha was much longer than the left, both somewhat elongated. The vagina was not tender; moist, and gave no extraordinary sensation of heat to the finger. The os tincæ appeared to be lower down than natural, being easily reached by the finger. It was soft, and readily admitted the tip of the finger. There was a feeling as of a thread around and within the mouth. There was no complaint of pain while the finger was within the os, nor when it was turned about in the attempt to introduce it farther. On withdrawing, it was wet with reddish moisture, exhaling a fœtid smell. Directions were given to lie quiet, and continue the solution of morphia, *p. r. n.*

19th.—Pain had been pretty severe during the night. Had taken morphia several times, without inducing sleep. Discharge rather more abundant, and one small clot had come away. Condition as yesterday. On examination per vaginam, the os tincæ was found to be more dilated and softer. It was possible to introduce the tips of two fingers a little way. No cartilaginous feel within the os; an irregular, soft, somewhat rounded body could be distinctly felt, resembling a hard clot. While the examination was going on, she expressed herself greatly relieved from pain. The pain returned after withdrawing the finger. The smell was more fœtid than before. She begged for something to relieve the pain. The morphia only seemed to add to her restlessness. Complained of some headache. Although entertaining serious doubts about the propriety and safety of attempting to dilate the os uteri, I resolved to try it as a means of arresting the pain. A small sponge tent was introduced, which gave her ease. Ordered fluid extract of senna ʒ i., and pills of extract of hyoscyamus, gr. ijss. with camphor gr. i., to be taken if the pain returned. At night found her somewhat feverish. Pulse 88. One dejection. Saw some of the urine she had passed during the day, which was high-colored and small in quantity. Did not examine it chemically nor microscopically. Has had less pain than yesterday. Taken only tea and toast. No appetite. Tent was well fitted into the os, and did not appear to have expanded much. Finger passed easily around it within the os. Feet cold. Ordered hot water in bottles to feet.

20th.—No change. Withdrew sponge tent, and found os uteri somewhat more dilated than before, and could still feel the soft mass, above alluded to, apparently filling the neck. The os was higher up than before, and turned apparently toward left side, examiner standing by right side of patient. The finger could not be made to enter far enough into the mouth to decide whether the body were attached or not, but it seemed to resist the advance of

the finger on every side beyond a certain distance. When the tent was removed, not much blood came with it, but it exhaled an exceedingly fœtid smell. Another tent was then introduced. At night the plug was again withdrawn, and a larger one introduced. The removal of the plug was accompanied by no pain, but was always followed by a slight discharge of bloody matter, which filled the chamber with its fœtor. She complained of this odor in her mouth and in everything she tasted.

21st.—More pain during night, and had slept little or none. Complains of fœtor, which she thinks is exhaled in her breath. The sponge was found very slightly expanded, lying in the vagina. The os uteri was higher up than yesterday, and could scarcely be reached by the finger. It was hardly at all dilated, would not admit the end of the finger, and felt cartilaginous. The discharge was slight in quantity, and very fœtid. The upper part of vagina was warmer than elsewhere, and the abdomen was somewhat painful and tender in lower part. Patient complained of feeling chilly. Pulse 90. Tongue rather more coated. An unsuccessful attempt was made to introduce another tent, but a very small one would slip out immediately after being inserted. The heat of the vagina rendered the tent so supple that it was impossible to use any amount of pressure upon it so as to make it enter. Extract of belladonna was then applied to os, and a cathartic pill containing calomel was ordered. Also, injections of warm water into the vagina, to be repeated three or four times a day. In the afternoon, an attempt was made to introduce a slippery-elm tent by the aid of the speculum. The os uteri was plugged with a mass of yellow mucus. A slight redness appeared around this mass. After withdrawal of speculum, patient complained of feeling chilly. Soon after she became feverish; complained of tenderness over lower part of abdomen. Cloths wrung out in hot water were ordered to abdomen, a fever mixture containing nitrous spirits of ether every two hours, and eight grains of Dover's powder at night. One dejection from medicine.

22d.—The febrile symptoms have abated. Patient feels much exhausted. Tried to rise, and nearly fainted. Discharge slight during night. Fœtid. No appetite. Tent was found in the vagina. Os uteri high up, undilated, tender. Heat of vagina normal. Abdomen a little tender over pubes. Pulse about 100. Tongue coated white, but cleaner than yesterday. Still complains of bad taste in mouth. Ordered her thin broth, and to discontinue medicine.

23d.—Complains of great weakness. Otherwise about as yesterday. Pulse 80 in morning, but more rapid in afternoon. Still complains of pain. Little or no tenderness of abdomen. No appetite. Os uteri as before. Discharge slight, but very fœtid. Very nervous. Ordered a wineglass of port at dinner.

24th.—Had rather more pain during night, and took solution of

morphia. Discharge rather more profuse, reddish and fœtid. Os appeared lower down. Another attempt was made to introduce a sponge tent.

25th.—Patient quite pale. Slept little during night. Little pain. A uterine sound was passed, and afterward a small silver catheter, through which warm water was injected with a syringe. She complained of some pain. At night she became more feverish and restless; there was more pain and tenderness in abdomen.

26th.—Febrile symptoms abated. Discharge continues same. Less pain than for several days. Vagina cool and moist. Os uteri contracted and high up. Prescribed rest and light nourishing diet.

27th.—Sat up a short time. Feels very weak. Discharge diminished and less fœtor. Complains of bad taste in mouth; is restless and has some headache. Little or no pain elsewhere. Thin white coat upon tongue. Pulse rather feeble, about 76. Bowels opened by medicine. Some yellowness of conjunctivæ. Recommended four grains of blue pill at night, and Rochelle powder in morning. A drachm of tinct. gentian. comp. *ter die.* Also, a glass of wine twice daily, and a diet of broth or other liquid nourishing food.

From this date she continued gradually to improve. There was a little dull pain in region of uterus. Little appetite. Bad taste in mouth. Discharge diminished very much, lost its color in part or entirely, and its fœtid smell was less perceptible. She got up and gained color and strength,

Dec. 10th.—She came to see me. Complained of more pain, which resembled in every respect that which usually accompanied her monthly sickness. There was some tenderness over bladder. She looked pale and feeble. Said pain had come on quite severe that morning at 12 o'clock, and had continued all the afternoon. In the morning she perceived "just a streak" of menstrual discharge.

11th.—Menstruation continues, but is slight in quantity. Pain came on again at 12, M., and was not relieved by morphia. Prescribed sulphate quiniæ, gr. ij., every two hours the next morning, until she had taken six grains.

12th.—Felt nicely in the morning, and took a long walk during day. Menstrual discharge as yesterday. Continue quinine.

13th.—All last night and to-day severe pain, which she attributes to her long walk. More severe and continued than her regular menstrual pain. Discharge continues, but slight. Took solution of morphia several times without relief. Increase quinine to 8 grains.

14th.—Had quite severe pain from 12, M. to 2, P.M. Felt remarkably well all the morning. Pain was not relieved by morphia, which she took. Menstruation continues.

15th.—Little or no pain. Discharge diminishing. Continue quinine, gr. i. *ter die.*

18th.—Discharge has entirely ceased. Much less than usual with her. Feels perfectly well. Examination per vaginam. Os uteri smooth. Vagina cool and moist. Nothing obtained by ballottement. No fœtal sounds heard by auscultation. No signs of pregnancy remaining in breasts or elsewhere.

TWO CASES OF PLACENTA PRÆVIA.

[Reported to the Vermont Medical Society at its Semi-Annual Meeting held at Rutland, June 30 and July 1, 1858, and communicated for the Boston Medical and Surgical Journal.]

BY DR. CUSHMAN, OF ORWELL.

Dr. C. premised, in relation to this formidable deviation from the laws presiding over the re-productive functions, that its occurrence had been rare in his circle of a limited rural practice, not having met with a case during the first twenty-five years of practice; that every one who practises the obstetric art should be well prepared to meet it when it does occur; that the practice followed in these cases, though a deviation from that recommended by distinguished authors, and denounced as "barbarous" by some, was not only harmless, but eminently successful; that the practice of version was to be avoided, if possible, as dangerous to both mother and child, the statistics showing a loss of one third; that the recommendations of Dr. Simpson were objectionable, being followed almost uniformly by destruction of the offspring; that these should only be resorted to when there was little chance to save the child; that by a judicious use of the tampon and rest, many cases may be brought to a condition favoring the practice followed in these; that it is on the tampon we are to rely to repress hæmorrhage and promote the pains; that while the excessive loss of blood relaxes the rigidity of the parts concerned, the pains are maintained in full force, as was the case with these patients.

On the 16th of August, 1847, I was called to see Mrs. W., of this town, in labor with her first child. She was supposed to be in the eighth month of gestation; had for some days previous suffered from slight uterine hæmorrhage, which was attributed to a fall. She had lost, on the day of the visit, a large quantity of blood, having saturated several sheets during the day. Her pains were regular and expulsive; her pulse of considerable strength, her face somewhat blanched, her mind cheerful and confident. On examination, the os uteri was found dilating, its edges thin and yielding—the placenta presenting over the whole dilated orifice. The tampon was applied and firmly retained. After waiting an hour or more, with strong pains and some show of blood, a strong pain forced the expulsion of the plug with a gush of blood that was appalling. The case seemed to call for immediate interference. The dilatation was nearly perfect. It was resolved to pierce the placenta, rupture the membranes, and act as the case required.

The head presented and immediately engaged in the mouth of the uterus. From this time the hæmorrhage ceased, the labor went on regularly, and in a half hour terminated in the expulsion of a dead child. The afterbirth was expelled at a suitable time, and in the usual manner, with little farther loss of blood. An earlier attention to this case might have resulted more favorably to the child, though the labor was believed to be premature. The recovery was as rapid as could have been expected after so great loss of blood.

On July 16th, 1848, I was summoned to see Mrs. N., in labor with her fourth child. Her pains were infrequent and transient, but followed by an hæmorrhage which told too plainly the nature of the case. Rest and cooling regimen were enjoined, with the charge to give notice if the hæmorrhage increased, at the same time keeping myself near the patient. After some hours, the pains were found to be increasing in frequency and force, with augmented hæmorrhage. On examination, the placenta was found to be attached over a partially dilated os uteri. The tampon was applied, taking care to use a larger one than in the former case. This proved more efficient, though not wholly controlling the bleeding. After a few hours of regular and efficient pains, with a loss of blood endangering the patient's strength, previously enfeebled, it was determined to remove the tampon and rupture the membranes, which was done by lacerating the placenta and membranes through its centre as before, during a strong pain. The head immediately engaged in the uterine orifice, and all hæmorrhage ceased. The labor went on uninterruptedly, and terminated in the birth of a living child, now in health. From the time of the rupture the labor was left to nature, with no more .than the ordinary loss of blood until the removal of the patient to a lower room, which, with the negligence of the nurse to keep the abdominal bandage applied properly, caused further loss by internal hæmorrhage, making convalescence more tedious, though perfect.

Dr. Stephens, of St. Albans, reported a case of uterine hæmorrhage from central attachment of the placenta over the os uteri, which, after the use of astringents and the tampon, persisted for some time. There was entire absence of labor pains, which the ergot and other means failed to produce. Dilatation, rupture of the membranes and version were resorted to, with the loss of mother and child.

Prof. Woodward, of Castleton, expressed the opinion that great danger from hæmorrhage from the fœtal vessels would result from rupturing the central portion of a presenting placenta; that it was better to search for the thinnest portion of the presenting mass, rupture and turn, according to the recommendation of approved authors.

Dr. Cushman replied, that different means should prevail in the management of different cases; that in the absence of labor

pains, and when expulsive contractions cannot be produced, while the hæmorrhage persists, separation and withdrawal of the placental mass, or version, as the case may require, is demanded; so when there is great danger to the mother, with little hopes of saving the child, there can be no doubt as to the propriety of following the advice of Dr. Simpson—separating and withdrawing the placenta; that the practice of turning should be avoided as dangerous to the mother, when under great alarm and prostrated by excessive loss of blood; that the assumption that the hæmorrhage was placental to a considerable extent was absurd, not sustained by facts, and especially disproved by the practice of Dr. Simpson, no bleeding following the entire separation and extraction of the placenta—nor in the cases reported was there any evidence of any appreciable loss of blood from a free rupture of the placenta; that the practice of lateral separation was objectionable, as being liable to separate the only remaining attachment to the maternal surface, our only reliance for the continued life of the child. If, as in these cases, the pains are efficient, and the loss of blood can be restrained within the ability of the patient to sustain, the parts yielding and dilated, no fears need be entertained of resorting to a free laceration of the placenta, which should be done while there is a strong pain.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

May 24th.—*Dislocation of the Tibia and Fibula backward upon the Os Calcis.* Dr. H. J. Bigelow mentioned this case, as somewhat rare; being of three or four months' standing. There is almost entire obliteration of the heel. The patient walks pretty well with a cane. The accident occurred in jumping from a vehicle, the foot having been caught behind. The foot was at first turned at right angles with the leg.

May 24th.—*Laceration of the Perinæum, occurring during labor in a girl* 13 *years old; conception having taken place at* 12 *years and* 3 *months.* Dr. H. J. Bigelow reported the case.

The patient was a farmer's daughter, who was delivered of a child one year ago, being then 13 years and 11 days old. She was small, rather slender, and not particularly developed. The rent extended nearly to the top of the sphincter, from three fourths of an inch to an inch up the anus, so that there was a constant tendency to the passage of fæces, particularly when there was looseness of the bowels. The skin had formed over the laceration when Dr. B. saw it, and he advised the operation to be deferred; the patient recovered without it. She is now perfectly well, the upper part of the sphincter having assumed the function of the whole muscle. The child was of average size and perfectly healthy.

July 12th.—*Case of Monstrosity; Closure of both Ears; Imperforate Anus; Double Fissure of the Palate.* The following account of the case, received from Dr. Wm. Otis Johnson, of Cambridge, was read by Dr. Jeffries Wyman, who also showed casts of the ears.

Brattle Street, July 11th, 1858.

Dear Doctor,—I send, at your request, memoranda of the case of "Monster" we saw together.

On the 16th of June last, I was called early in the afternoon to Mrs. F., an intelligent woman, wife of a respectable American mechanic. In half an hour she was easily delivered of her third child. The first is living, and is an unsually handsome girl of about 5 years; the second died before the family came to Cambridge. Mrs. F. had previously told me that she had continued to nurse her second child *three months* after her last conception, which, of course, there is reason to doubt. She considered her "time" as at hand.

The "monster" gave no signs of life for more than a minute after birth, and was what is professionally called *blue*. The cord was about the neck. In about fifteen minutes after birth, having meantime made but a few faint cries, he gave out some half a dozen of the most unearthly shrieks, for an infant, I ever heard. These were repeated some eighteen hours afterward.

I found the ears closed and undeveloped, as your casts will show, a double fissure of the palate, and an imperforate anus. The *ensemble* of the features was idiotic; the remaining development was perfect, and seemed to be that of a six months' or six and a half months' fœtus.

Thirty-six hours after birth, a film of apparently mucous membrane protruded from the anal fissure, and, after reaching the size of about half an inch in diameter, burst, and meconium escaped.

The child continued to show an increasing vitality till about the thirtieth hour after birth, from which time it began to sink, and died easily forty-five hours after birth. Very truly yours,

Wm. Otis Johnson.

EXTRACTS FROM THE RECORDS OF THE MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. BY E. CUTTER, M.D., SECRETARY.

December 30th, 1857.—The Society met at the house of Benjamin Cutter, M.D., in Woburn. Although a wet night, two thirds of the Society were present.

Dr. Chapin stated that the subject of the "oil of tansy case," mentioned at the last meeting, had been delivered of a full-sized child at term.

Re-insertion of an Extracted Tooth.—Dr. E. Cutter read "the 487th observation or History of Famous Cures," from the work of Lazarus Riverius, published in 1678, entitled "A tooth pluckt out and fastened in the gum again." The reader mentioned a similar experience, where a sound molar, instead of a carious one, was extracted from a woman 32 years old. It was replaced, and a few weeks afterward was found re-established.

Dr. Ingalls then alluded to a girl of 14 once in his care, who by a fall knocked out her upper middle incisors. Maintaining them in their sockets, they also became re-established.

[Dr. Drew has since reported two cases like the one first mentioned.]

Vaccination with Virus dissolved in Glycerin.—Dr. E. Cutter also

spoke of some essays in vaccinating with a scab dissolved in glycerine, which were favorable to the method. Still, it appeared not more convenient or certain than the usual mode by quills. On inquiry, he stated that the scab is rubbed up in a few drops of glycerin, and a little of the solution is laid on crucial abrasions of the cuticle. The advantages of this method are, the convenience of the vehicle for the virus, its portability, and the length of time which the scab will keep.

Dr. Chapin said the method had failed with him. He made a pocket in the cuticle, and inserted the solution therein. He further said that, in the Sandwich Islands, where he formerly resided, vaccine virus deteriorated very rapidly as it passed through successive removes from the cow; in fact, it speedily became worthless. Two instances were mentioned where quills, charged two months previous to use, successfully vaccinated children.

Delirium Tremens.—Dr. Hodgdon spoke of a case in a middle-aged man, which was attended with bilious vomiting for twenty-four hours. This was succeeded by a copious hæmatemesis, with an increase of the delirium. In eight hours from seizure of bloody vomitus, the man died. The liver was found friable and fatty. The cul-de-sac of the stomach contained about a pint of blood. The mucous membrane was generally engorged, and buried in the blood was a ragged vascular tumor, of the size of a common walnut, which Dr. H. thought was ruptured by the straining during vomiting.

Dr. B. Cutter followed with the relation of a similar case, except that there was no tumor, but a ruptured bloodvessel.

Dr. Heath adduced a like case.

Dr. Ingalls alluded, in this connection, to the many opportunities he enjoyed, while resident physician at the Chelsea Marine Hospital, of seeing the "hob-nail liver." It occurred in sailors who were not continuous hard drinkers—at sea, sober; on shore, intemperate.

Puerperal Convulsions.—Dr. Wakefield made the subject of his "oral communication" a case of puerperal convulsions, in which the membranes were ruptured an hour and a half before delivery. The labor was easy, the child stillborn, and the placenta removed without difficulty. The whole process occupied three hours. She was left very comfortable, with the uterus well contracted. Five hours afterward, convulsions ensued, which continued thirty-six hours, and terminated after a free evacuation of the bowels. The patient did well.

Dr. Rickard related a similar case.

Dr. Heath spoke of a woman, who, an hour and a half after an eutocia, swooned, with a fluttering pulse and excessive metrorrhagia. The uterus became distended with coagula, upon the removal of which and the exhibition of ergot, the organ contracted. After continuing some hours in a critical state, the patient passed on to recovery.

Human Parasites.—There were exhibited two of these at both extremes of size—a tænia solium and an acarus scabies. Dr. Drew presented the first—a specimen 17 feet in length—and gave substantially the following account. The patient was supposed to be an Englishman, 27 years of age, a currier by trade, intemperate in liquor and women. In April, 1851, while residing in East Lexington, he took a cathartic for a slight bilious illness, and a portion of worm, three feet in length, appeared in the alvine discharge. This was the first intimation of its existence. He continued to void parts of the parasite at intervals, until the fall of 1852, when, while visiting a brother at

the Charlestown Navy Yard, without medicine he passed twenty feet in one piece. Subsequently, till August, 1857 (in the meantime he removed to Woburn), segments occasionally appeared in the stools. At this date he took an ounce and a half of turpentine on going to bed. Next morning, the specimen presented came away. It was dissevered high up in the neck. The man has taken every remedy any one recommended. His general health has suffered, although his appetite has been good. Since the discharge of the specimen in question, the patient has nearly regained his former weight, although portions of the entozoa appear in nearly every stool.

Dr. Ingalls remarked that Dr. J. S. Jones, of Boston, after prescribing the pumpkin-seed remedy, was in the habit of telling his patients, "You may bring in the worm to-morrow at 12 o'clock." The time generally brought the patient with his parasite. The pumpkin-seed method, described in the Boston Medical and Surgical Journal, Vol. XLV., p. 202, was then read.

Dr. Nelson had seen seven or eight cases where turpentine had extirpated tape-worm entirely.

Dr. Wakefield had seen a patient this morning, who was sure she had a tape-worm, and corroborated her assertion by showing a portion, 3½ inches in length.

Dr. Chapin asked about the treatment of the ascaris, which, from its numbers, persistence and commonness, he thought the most important of all entozoa. Upon this, the President called upon each member in order.

Dr. Wakefield had found beef's gall (fℨi. to fℨss.), given by the mouth, the best and surest remedy for this or any other worm.

Dr. Heath reported that enemata of common lamp oil have been found very satisfactory. One member reported muriated tincture of iron, very much diluted with water, as injections. Others, lime water, bitter infusions, aloes, beef's gall, syrup and solution of common salt as enemata. Brera's remedies for the ascaris were read (American translation, Boston, 1817).

Dose of Fowler's Solution.—Dr. Ingalls incidentally mentioned that in his own and others' practice, five drops of the arsenite of potassa solution had been found a large enough dose for any skin disease. He also spoke of a high liver, who had hemiplegia six or seven years ago. A short time since, Dr. I. found him with a full pulse, severe pain in the cerebellum, with prickling and numbness in the limbs. In talking, words and even sentences were transposed in very laughable ways. The day before, he had given way to a fit of rage. His skin and conjunctivæ were yellowish. After the action of a "good, honest dose of calomel," these symptoms subsided.

A warm supper was now disposed of. After this, Dr. E. Cutter exhibited some microscopical preparations from Dr. S. Durkee's and his own collections. At a very late hour the meeting was dissolved.

Bibliographical Notices.

Medical and Physiological Commentaries. By Martyn Paine, M.D., &c. &c.

It is said that two distinguished transcendentalists attending the dramatic readings of an equally distinguished actress, when the fair

reader appeared on the platform, remarked simultaneously to each other, "what breadth!" "what quantity!" The sensation *we* felt on seeing these new volumes of Dr. Paine, excited us to a similar (inward) exclamation. We could not but be astounded at the persistent plodding, the patient investigation, the diligent delving and the unwearied elaboration which this stalwart brother of ours has shown so unremittingly for the last ten years of his life. And our astonishment is not only increased, but associated with nobler feelings, when we look to the matter he has laid before us. It would be absurd to attempt here to review or even notice all the contents of the two volumes, the one numbering over seven hundred pages, and the other fully one hundred more, and treating of some of the most comprehensive and at the same time profound subjects in the scope of medical science; but we can comment somewhat on the manner in which the thing is done, and call attention to some points well worthy of imitation by other writers around us.

The first peculiarity of Dr. Paine that arrests us, is the solid, methodical manner in which he plants himself at his work—the thorough "*à plomb*" which he establishes for himself before he grapples with his subject-matter. You feel assured of this in the first ten lines you read. It is not going to be any trifling affair, you are at once convinced. It is a brawny student of the old, very old sort you have got into companionship with, and if you wish to keep his company you must buckle yourself closely to the matter before you, and set yourself to hard work.

The scope he has taken is our next point of note. This is not only shown by allusions and casual references in the text, but the foot of almost every page in the book bears quotations, with chapter and page, from apparently every work that can possibly illustrate the subject or enforce the writer's views—including not only accredited books, magazines and monographs in our profession, but those from every walk of literature, giving us a high opinion of the author's cultivation of pursuits too often neglected by medical men. These are used, too, not, as is often the case, simply to set off the text and suggest ideas of the research of the writer, but as genuine illustrations either of the matter in hand and the peculiar view of it taken by the writer, or of the mental temperament of the time in which the doctrine or its converse was first propounded. In short, the book is not that of a sciolist, by a great deal, but of a thorough and strong scholar, from a very contact with whom, strength and refreshment may be derived, even if difference of opinion should exist and remain after it.

As we have said, it is impossible to review here such a work as Dr. Paine's, but we may give an idea of some of its contents. After over one hundred pages devoted to "The Vital Powers," we have an essay of two hundred and sixty on "The Philosophy of Bloodletting," "to illustrate more fully our theory of venous congestion by endeavoring to show, through the philosophy of the operation of bloodletting, that it is probable this remedy removes congestion of the veins upon our principles; and that therefore we obtain from this source a strong presumption in favor of our doctrine of the proximate or pathological cause of that disease. We have designed it also to reflect some light upon the nature of the vital forces which we have just considered—since we have endeavored to show that the effects of bloodletting are wholly incapable of explanation upon any principle in physics." This

quotation of the first paragraph of the essay will give an idea of what the writer has devoted the two hundred and sixty pages to—not too many for the occasion, surely.

The next paper is one of three hundred and twenty pages, and is devoted to Humoral Pathology; an attack upon it—strong, persistent and overwhelming, as far as quantity goes. We were much gratified at this paper and its length. It was a pleasing thing to us to find that in these days any one should have thought it worth while to notice—much more to comment upon *in extenso*—this venerable and once all-powerful dogma. That now, when nothing less solid than the mucous membrane or more fluid than a Peyer's patch can for a moment be supposed to have anything to do with disease—any one should have shown such respect to this ancient medical Fogy as to erect and man such a tremendous battery against him, is very gratifying to us. We have always had a great regard for humoralism. The first medical teaching we received was strongly tinctured—nay, even saturated with it, and in spite of Broussais and his followers, who then held great sway in the domain of medicine, humoralism always had, and still continues to hold a large space in our faith as the *fons et origo* of much that we have to deal with. For practical purposes, we consider the debateable ground very small. When a patient is dying of pyæmia, it is absurd to stop to deliberate whether the solids or the fluids began the disturbance. The fluids then have the day, and must be considered accordingly. And so in ataxic fevers, *et id omne genus morbi*—so that whether amongst the solids are to be found the mischievous boy that fired the train, or whether it fired itself, seems of very little matter compared with the amount of the explosion and the damage it has done. But there is too little room here to pursue the matter further—yet we must repeat, we have great respect for humoralism, and thank Dr. Paine for his notice of and consideration for it.

Four appendices, and one supplement to the article on Humoral Pathology, complete the first volume. The second commences with an Essay on the Philosophy of Animal Heat, followed by one on the Philosophy of Digestion. In these two, the peculiarities of the writer are more developed or assume a more prominent position, and become more strikingly obvious than in any other paper. *Vitalism* is his physical Alpha and Omega. It marks the bounds of all his reasoning, it becomes the Procrustean bed by which he measures all theories, and is the perfect solvent of all obstructions in his path to an explanation of any phenomenon. And yet, this not in a light and trifling way, for in Dr. Payne's hands and wielded with such an earnest faith and practised skill, it becomes truly a formidable means of both attack and defence, and we often fear for the safety of some of our most solidly-established truths, even when backed up by chemical facts as thoroughly known as our A B C. Over four hundred pages, devoted to Inflammation and the Philosophy of Venous Congestion, with six appendices to the latter paper, afford a still greater field to the author for the display of his devotion to vitalism and for the exercise of his argumentative talent. We regret much that we cannot go into an analysis of these latter papers, for however greatly we might differ in conclusions from the author, there is much in them that should be more prominently held forth and more deeply considered in the present day. We do not yet believe that statistics and tabulation of cases are going to do away with the necessity for careful ratiocination, nor that chemis-

try can ever assert an autocracy over the phenomena of living bodies; and dead as nineteen twentieths of the medical literature, even of the past century, has become to us, we believe it contains many now neglected truths which will stand us in stead when the more physical doctrines of the present day may be found to be failures, and we will heartily apostrophize its glorious spirit—

"Possum multa tibi veterum precepta refere."

A dissertation on the Hippocratic and Anatomical Schools, and another on the writings of Louis, conclude the volume. The last paper is as remarkable and as characteristic as anything in the two massive volumes; of and in itself it shows fully the scope, power and variety of the scholarly author. We will not comment upon it, but earnestly recommend a perusal of it, and in return for our good advice would only like to watch the countenances of certain friends of ours well engaged in the recreation. W. E. C.

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THE APPLIANCES OF MODERN SURGERY.

If surgery is not "made easy" in modern days, it will not be for lack of zealous and ingenious students and inventors. Practical surgeons are ever on the look-out for the better application of means to ends, and their suggestions are ably carried out by the fabricators of instruments and apparatus. Not infrequently, intelligent cutlers and machinists catch and cultivate an idea which exactly meets a surgical necessity even before the surgeon himself is satisfied what plan would be the best, or what particular appliances will be needed. Our cities abound in depositaries of all that is useful, and even luxurious, in treating surgical cases; and so easy and rapid has the transportation between city and country become, that little delay in supplying such wants is experienced by practitioners somewhat removed from the central depôts of trade.

The improvements in surgery have been both general and special; that is, surgical cases are better understood and managed—the rational common-sense methods having taken the place of the absurd, superstitious, cumbrous and fantastic measures once in vogue. For a simple illustration, take the water-dressing so constantly used in cases which, not so very long ago, would have been embarrassed by countless paraphernalia in the shape of plasters, compresses and innumerous bandages. Statistics alone could give us an adequate idea of the benefits derived to mankind as well as to the surgeon by getting rid of complications of this sort, which must have always aggravated the condition of the patient.

The great discovery which has fairly made a new art of surgery, by reason of the wide field of practical operations it has opened, into which few would have wished or dared to venture previously, is the chirurgical appliance, *par excellence*, of the day. Anæsthetics enable us to do almost anything with a patient which can be possibly de-

manded. To annul pain and modify the shock has ever been the *desideratum*. Stupefaction by narcotics, the pretended trances of mesmerism, the super-exaltation of the nervous sensibility which for a time blunts, strange as it may seem, the edge of agony, all sink into insignificance before the ethereal slumber. There are those, it is true, who oppose the use of anæsthetics, or would, at least, restrict their employment to certain cases; and this view has much plausibility. We have previously referred to this when writing of the sense of pain and the uses which it is evidently designed to have in warning the human animal against danger. Still, there is no doubt as to the magnitude of the boon which a kind Providence has placed in the power of the followers of our art—it is a magnificent gift, and a corresponding responsibility attaches to its use by those to whom it is entrusted. It should be used and not abused.

To speak of the variety of new instruments fabricated and the change of pattern in others long well known, would be of itself a subject beyond the scope of our space and time—their enumeration, even, would be impossible. Certain of them claim a passing word.

If we take the departments of ocular and aural surgery, particularly the former, we may both wonder at the number and admire the beauty, delicacy and singular adaptedness of the instruments lately devised and widely employed. The ophthalmoscope and the otoscope both reflect, not only abundant light upon the tissues to be examined, but much credit upon their inventors. Especial caution is required in the use of the former—but with what good instrument is it otherwise? It will not do to handle the amputating knife or the trocar carelessly, and a physician must not *guess* at the doses of powerful remedies.

The delicate forceps, hooks, &c., now employed by oculists in various operations about the eye, merit thankful commendation of professed oculists; and the great amount of study devoted to all treatment connected with that important and interesting organ give good assurance to the public that it is *well looked after* in this, as in so many other respects.

Fractured limbs now rejoice in almost countless modifications of apparatus suited to keep them in place when reduced, as well as to put them in the latter desirable state. The inventive brain of the New-Englander has been especially set at work in this line; witness the complete sets of splints furnished by Goodwin and by Skinner—and of which specimens are now scattered over the whole country. We lately had much pleasure in examining the entire fracture-apparatus of the latter of the two makers above mentioned at Messrs. Codman & Shurtleff's establishment on Tremont Street; and can hardly conceive of anything better adapted to the surgeon's and the patient's wants. The plan upon which extension is obtained in fractures of the lower extremities is simple and effectual; a verbal description would not repay the reader—ocular inspection alone can suffice. The lightness, durability, and excellent adaptations of Goodwin's apparatus is too well known to be insisted upon. In this connection, we cannot but again refer to the labors of Dr. F. H. Hamilton, of Buffalo, from whose work on Fractures, now nearly ready for the press, we have been lately favored with a few pages of extracts to lay before our readers. We are confident that such a foretaste will only sharpen their appetites for the *full meal* which awaits them.

In the way of bandages, and other appliances of the class, every

one will recognize the great progress made. Thus, we have the family of elastic bandages—and this leads us to pay our respects to caoutchouc and its *congener* gutta-percha, for the aid they have rendered to modern surgery. The impervious tissue of the former, capable as it is of being drawn out to such an exquisite degree of tenacity, has fulfilled numerous important purposes well known to practitioners; while the easy moulding of the latter, when thoroughly moistened in warm water, renders it invaluable in many familiar every-day exigencies.

The well-attested benefits of *galvanism*, in many affections, have led duly qualified persons, physicians and others, to devote themselves to perfecting the means and methods of applying so powerful an agent. A medical gentleman of this city now invites attention, through the medium of this Journal, to the facilities at his command in this department. And this is as it should be; these legitimate parts of medical art should be taken out of the hands of the ignorant and empirical, and confided alone to the honest and competent in knowledge. All such movements have our hearty good wishes for their success.

Not tediously to enumerate what every one interested in the advance of true medical science always eagerly takes the first opportunity in his power to see, understand, and apply, we would refer to one distinguished surgical appliance which we believe exists to a marked extent in our own immediate professional community, as we trust it does in every other—it ought to, at all events, at this age of the world. We refer to that high spirit of professional courtesy and good feeling, which, when sincerely exercised, becomes one of the strongest bonds of brotherhood, and is like "a three-fold cord—not easily broken." Where this prevails, medicine and surgery both, must progress; the contact of mind with mind, and the comparison of experimentation and experience is like the contact of iron with iron, which "sharpeneth" both. The aggregate gain under these conditions, to both the professional and the general community, is incalculable. How different is it where petty dissensions and unworthy jealousies draw off the attention and waste the energy which should be concentrated upon the alleviation of human miseries, and the improvement of medical means and surgical methods. Ingenuity may devise and mechanical skill execute wonderful and wonder-working apparatus and implements, but not one half their power can be elicited and brought to bear where those who should work together in a common cause are divided, like Satan's kingdom, among themselves. We believe we are right in asserting the existence of a marked degree of unanimity and kindly feeling between members of the medical profession here; and it seems to us that the motto applicable to the body politic, applies, with a slight modification, to the medical corps—"united, we stand—divided," we are much more likely to "fall"!

RESIGNATION AND APPOINTMENT AT THE MASS. GENERAL HOSPITAL.

Professor Storer has just retired from the responsible position of Visiting Physician to the Massachusetts General Hospital, after a faithful service of nine years. It is a striking illustration of the devotion of members of the medical profession to the interests of science and the welfare of humanity, when those of them who are the most actively occupied, and every moment of whose time, it would seem, must be elsewhere fully occupied, are willing to take so much of it

and bestow so much thought and careful attention to hospital duties. When it is remembered that the demands upon Dr. Storer as one of the professorial corps, are, during four months of the year, so exacting and engrossing, it excites our wonder how he has been able so long, so successfully and so fully to meet such varied calls. We are led to distrust the old adage which refers disparagingly to having a large number of irons in the fire at once—for here we have abundant evidence that the more there have been, the livelier and more accomplished has their manager shown himself.

We are happy to be able to present the vote or resolutions of thanks, passed by the Trustees on this occasion—a copy having been handed to us, at our request, for insertion.

"At a meeting of the Trustees of the Massachusetts General Hospital, held July 16th, 1858, upon the resignation by Dr. Storer of the office of Visiting Physician to the Hospital, it was

"*Voted*, That the same be accepted.

"*Voted*, That although the term of service of Dr. D. Humphreys Storer has not been of so long duration as that of some of his predecessors in office, it has been, like theirs, distinguished for high professional knowledge and skill, and for promptness and exactitude in the discharge of duty. And this Board, in token of their appreciation of his valuable labors, self-sacrificing spirit and independent and manly bearing, tender to him their sincere thanks, accompanied by their best wishes for his future happiness and success.

"*Voted*, That the Secretary be directed to communicate the foregoing vote to Dr. Storer."

The Trustees have appointed Dr. Francis Minot in place of Dr. Storer.

Yellow Fever in New Orleans.—In a letter received from Dr. Fenner, of New Orleans, he writes as follows:—

"By way of news I may inform you that we are having a few sporadic cases of yellow fever, apparently of domestic origin. They have occurred in various parts of the city, but chiefly along the river. No case has been imported. But few cases have been admitted into the Charity Hospital. The Board of Health reported 8 deaths from yellow fever for the week ending July 4th, of which 3 occurred at the Charity Hospital, and 9 deaths from the same disease for the week ending July 11th, of which only 2 occurred at the Charity Hospital, and there are now only three or four cases in that institution. Very little sickness of any kind is prevailing."

Death of Foreign Eminent Medical Men.—One of the most distinguished surgeons whom Ireland has produced, Sir Philip Crampton, lately died in Dublin in the 82d year of his age. We also notice, in the English journals, the death of Dr. John Snow, an eminent physician of London, well known for his researches on chloroform and other anæsthetics. Dr. Snow died from an attack of apoplexy, June 16th.

Communications Received.—Treatment of Uterine Diseases.—Impacted Rectum from eating Pine Chips.

Deaths in Boston for the week ending Saturday noon, July 24th, 68. Males, 42—Females, 26.—Accident, 1—inflammation of the bowels, 1—inflammation of the brain, 1—cancer (in bowels, 1; in breast, 1), 2—consumption, 14—convulsions, 3—cholera infantum, 5—croup, 1—dysentery, 2—diarrhœa, 1—dropsy, 2—dropsy in the head, 2—debility, 1—infantile diseases, 1—erysipelas, 1—typhoid fever, 2—disease of the heart, 1—hæmorrhage (rupture of bloodvessel on lungs), 1—ditto of lungs, 1—insanity, 1—congestion of the lungs, 1—marasmus, 4—measles, 1—old age, 3—palsy, 1—pleurisy, 1—scrofula, 1—suicide, 1—teething, 4—tumor (in stomach), 1—unknown, 3—whooping cough, 3.

Under 5 years, 30—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 49—Ireland, 15—other places, 4.

RARE
PER